

California Code of Regulations
Title 22. Social Security
Division 9. Pre-Hospital Emergency Medical Services
Chapter 4. Paramedic

Article 1. Definitions

§ 100135. Approved Testing Agency.

"Approved Testing Agency" means an agency approved by the Emergency Medical Services Authority (Authority) to administer the licensure examination.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.185, Health and Safety Code. Reference: Sections 1797.172 and 1797.185, Health and Safety Code.

§ 100136. Emergency Medical Services System Quality Improvement Program.

"Emergency Medical Services System Quality Improvement Program" or "EMSQIP" means methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process and recognize excellence in performance and delivery of care, pursuant to the provisions of Chapter 12 of this Division. This is a model program which will develop over time and is to be tailored to the individual organization's quality improvement needs and is to be based on available resources for the ~~EMS-QI program~~ EMSQIP.

Note: Authority cited: Sections 1797.107, 1797.172, 1797.185, Health and Safety Code. Reference: Sections 1797.172 and 1797.204 Health and Safety Code.

§ 100137. Paramedic Training Program Approving Authority.

"Paramedic training program approving authority" means an agency or person authorized by this Chapter to approve an ~~Emergency Medical Technician-Paramedic training program~~ and/or a Critical Care Paramedic (CCP) training program, as follows:

(a) The approving authority for an ~~Emergency Medical Technician-Paramedic~~ training program and/or a Critical Care Paramedic (CCP) training program conducted by a qualified statewide public safety agency shall be the director of the ~~EMS~~ Authority.

(b) The approving authority for any other ~~Emergency Medical Technician-Paramedic~~ training program and/or a Critical Care Paramedic (CCP) training program not included in subsection (a) shall be the local EMS agency (LEMSA) which has jurisdiction in the area in which the training program is headquartered.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

Reference: Sections 1797.172, 1797.200 and 1797.208, Health and Safety Code.

§ 100138. Paramedic Licensing Authority.

"Paramedic Licensing Authority" means the director of the ~~EMS~~ Authority.

NOTE: Authority cited: Sections 1797.107, 1797.172, and 1797.194, Health and Safety Code. Reference: Sections 1797.172, 1797.194, and 1797.210, Health and Safety Code.

§ 100139. ~~Emergency Medical Technician-Paramedic (EMT-P).~~

~~"Emergency Medical Technician-Paramedic"~~ or "EMT-P" or ~~"paramedic"~~ or "mobile intensive care paramedic" means an individual who is educated and trained in all elements of prehospital advanced life support (ALS); whose scope of practice to provide ~~advanced life support~~ ALS is in accordance with the standards prescribed by this Chapter, and who has a valid license issued pursuant to this Chapter.

NOTE: Authority cited: Sections 1797.107, 1797.172, and 1797.194, Health and Safety Code. Reference: Sections 1797.84, 1797.172, and 1797.194, Health and Safety Code.

§ 100140. Licensure Skills Examination.

"Skills or practical examination" means the National Registry of Emergency Medical Technicians (NREMT) EMT-Paramedic Practical Examination to test the skills of an individual applying for licensure as a paramedic. Examination results shall be valid for application purposes for two (2) years from the date of examination.

NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.175, 1797.185, and 1797.194, Health and Safety Code. Reference: Sections 1797.172, 1797.175, 1797.185, and 1797.194, Health and Safety Code.

§ 100141. Licensure Written Examination.

"Licensure Written Examination" means the NREMT ~~National Registry of Emergency Medical Technicians~~ EMT-Paramedic Written Examination to test an individual applying for licensure as a paramedic. Examination results shall be valid for application purposes for two (2) years from date of examination.

NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.175, 1797.185, and 1797.194, Health and Safety Code. Reference: Sections 1797.63, 1797.172, 1797.175, 1797.185, 1797.194, and 1797.210, Health and Safety Code.

§ 100142. Local Accreditation.

"Local Accreditation" or "accreditation" or "accreditation to practice" means authorization by the LEMSA ~~local EMS agency~~ to practice as a paramedic within that jurisdiction.

Such authorization indicates that the paramedic has completed the requirements of Section 100165 of this Chapter.

NOTE: Authority cited: Sections 1797.7, 1797.107, 1797.172, and 1797.185, Health and Safety Code. Reference: Sections 1797.172, 1797.178, 1797.185, 1797.194, and 1797.210, Health and Safety Code.

§ 100143. State Paramedic Application.

"State Paramedic Application" or "state application" means an application form provided by the ~~EMS~~ Authority to be completed by an individual applying for a license or renewal of license, as identified in Section 1001623.

NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.185, and 1797.194, Health and Safety Code. Reference: Sections 1797.63, 1797.172, 1797.185, and 1797.194, Health and Safety Code.

§ 100144. Critical Care Paramedic.

A "Critical Care Paramedic" (CCP) is an individual who is educated and trained in critical care transport, whose scope of practice is in accordance to the standards prescribed by this Chapter, holds a current certification as a CCP by the Board for Critical Care Transport Paramedic Certification (BCCTPC), who has a valid license issued pursuant to this Chapter, and is accredited by a LEMSA.

NOTE: Authority cited: 1797.107, 1797.172 and 1797.194, Health and Safety Code.

Reference: Sections 1797.84, 1797.172 and 1797.194, Health and Safety Code.

Article 2. General Provisions

§ ~~100144~~ 100145. Application of Chapter.

(a) Any ~~LEMSA~~ local EMS agency that authorizes a paramedic training program or an ALS ~~advanced life support~~ service that provides services utilizing paramedic personnel as part of an organized EMS system, shall be responsible for approving paramedic training programs, paramedic service providers, paramedic base hospitals, and for developing and enforcing standards, regulations, policies and procedures in accordance with this chapter to provide an EMS system quality improvement program, appropriate medical control, and coordination of paramedic personnel and training program(s) within an EMS system.

(b) No person or organization shall offer a paramedic training program, or hold themselves out as offering a paramedic training program, or hold themselves out as providing ALS ~~advanced life support~~ services utilizing paramedics for the delivery of emergency medical care unless that person or organization is authorized by the LEMSA ~~local EMS agency~~.

(c) A paramedic who is not licensed in California may temporarily perform his/her scope of practice in California on a mutual aid response, on routine patient transports from out of state into California, or during a special event, when approved by the medical director of the LEMSA ~~local EMS agency~~, if the following conditions are met:

(1) The paramedic is licensed or certified in another state/country or under the jurisdiction of the federal government.

(2) The paramedic restricts his/her scope of practice to that for which s/he is licensed or certified.

(3) Medical control as specified in Section 1798 of the Health and Safety Code is maintained in accordance with policies and procedures established by the medical director of the LEMSA ~~local EMS agency~~.

NOTE: Authority cited: Sections 1797.107, 1797.172, and 1797.195, Health and Safety Code. Reference: Sections 1797.172, 1797.178, 1797.185, 1797.195, 1797.200, 1797.204, 1797.206, 1797.208, 1797.218, 1797.220, 1798 and 1798.100, Health and Safety Code.

§ 100145 100146. Scope of Practice of Paramedic.

(a) A paramedic may perform any activity identified in the scope of practice of an EMT-4 in Chapter 2 of this Division, or any activity identified in the scope of practice of an Advanced EMT-4 (AEMT) in Chapter 3 of this Division.

(b) A paramedic shall be affiliated with an approved paramedic service provider in order to perform the scope of practice specified in this Chapter.

(c) A paramedic student or a licensed paramedic, as part of an organized EMS system, while caring for patients in a hospital as part of his/her training or continuing education (CE) under the direct supervision of a physician, registered nurse, or physician assistant, or while at the scene of a medical emergency or during transport, or during interfacility transfer, or while working in a small and rural hospital pursuant to Section 1797.195 of the Health and Safety Code, may perform the following procedures or administer the following medications when such are approved by the medical director of the LEMSA local EMS agency and are included in the written policies and procedures of the LEMSA local EMS agency.

(1) Basic Scope of Practice:

(A) Utilize electrocardiographic devices and monitor electrocardiograms, including 12-lead electrocardiograms (ECG).

(A B) Perform defibrillation, and synchronized cardioversion, and external cardiac pacing.

(B C) Visualize the airway by use of the laryngoscope and remove foreign body(-ies) with Magill forceps.

(C ~~D~~) Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway, perilaryngeal airways, stomal intubation, and adult oral endotracheal intubation.

(~~E~~) Utilize mechanical ventilation devices for continuous positive airway pressure (CPAP)/ bi-level positive airway pressure (BPAP) and positive end expiratory pressure (PEEP) in the spontaneously breathing patient.

(~~D~~ ~~E~~) Institute intravenous (IV) catheters, saline locks, needles, or other cannulae (IV lines), in peripheral veins and monitor and administer medications through pre-existing vascular access.

(~~G~~) Institute intraosseous (IO) needles or catheters.

(~~E~~ ~~H~~) Administer intravenous IV or IO glucose solutions or isotonic balanced salt solutions, including Ringer's lactate solution.

(~~F~~ ~~I~~) Obtain venous blood samples.

(~~G~~ ~~J~~) ~~Use glucose measuring device~~ Use laboratory devices, including point of care testing, for pre-hospital screening use to measure lab values including, but not limited to: glucose, capnometry, capnography, and carbon monoxide when appropriate authorization is obtained from State and Federal agencies, including from the Centers for Medicare and Medicaid Services pursuant to the Clinical Laboratory Improvement Amendments (CLIA).

(~~H~~ ~~K~~) Utilize Valsalva maneuver.

(~~I~~ ~~L~~) Perform percutaneous needle cricothyroidotomy.

(~~J~~ ~~M~~) Perform needle thoracostomy.

- 1 (N) Perform nasogastric and orogastric tube insertion and suction.
- 2 (~~K~~ O) Monitor thoracostomy tubes.
- 3 (~~L~~ P) Monitor and adjust IV solutions containing potassium, equal to or less than ~~20~~ 40
- 4 mEq/L.
- 5 (~~M~~ Q) Administer approved medications by the following routes: IV intravenous, IO,
- 6 intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual,
- 7 endotracheal, intranasal, oral or topical.
- 8 (~~N~~ R) Administer, using prepackaged products when available, the following
- 9 medications:
- 10 1. 10%, 25% and 50% dextrose;
- 11 2. activated charcoal;
- 12 3. adenosine;
- 13 4. aerosolized or nebulized beta-2 specific bronchodilators;
- 14 5. amiodarone;
- 15 ~~5~~ 6. aspirin;
- 16 ~~6~~ 7. atropine sulfate;
- 17 ~~7~~ 8. pralidoxime chloride;
- 18 ~~8~~ 9. calcium chloride;
- 19 ~~9~~ 10. diazepam;
- 20 ~~10~~ 11. diphenhydramine hydrochloride;
- 21 ~~11~~ 12. dopamine hydrochloride;
- 22 ~~12~~ 13. epinephrine;

~~13. furosemide;~~

14. fentanyl;

~~14~~ 15. glucagon;

16. ipratropium bromide;

17. lorazepam;

~~45~~ 18. midazolam;

~~46~~ 19. lidocaine hydrochloride;

20. magnesium sulfate;

~~47~~ 21. morphine sulfate;

~~48~~ 22. naloxone hydrochloride;

~~49~~ 23. nitroglycerin preparations, except IV intravenous, unless permitted under (c)(2)(A) of this section;

24. ondansetron;

~~20~~ 25. sodium bicarbonate.

(S) In addition to the approved paramedic scope of practice, the CCP may perform the following procedures and administer medications, as part of the basic scope of practice for interfacility transports, when a licensed and accredited paramedic has completed a Critical Care Paramedic (CCP) training program as specified in Section 100160(b) and successfully completed competency testing, holds a current certification as a CCP from the BCCTPC, and other requirements as determined by the medical director of the LEMSA.

1. set up and maintain thoracic drainage systems;

2. set up and maintain mechanical ventilators;
3. set up and maintain IV fluid delivery pumps and devices;
4. blood and blood products;
5. glycoprotein IIB/IIIA inhibitors;
6. heparin IV;
7. nitroglycerin IV;
8. norepinephrine;
9. thrombolytic agents;
10. maintain total parenteral nutrition;

(2) Local Optional Scope of Practice:

(A) Perform or monitor other procedure(s) or administer any other medication(s) determined to be appropriate for paramedic use, in the professional judgment of the medical director of the LEMSA ~~local EMS agency~~, that have been approved by the Director of the ~~Emergency Medical Services Services~~ Authority when the paramedic has been trained and tested to demonstrate competence in performing the additional procedures and administering the additional medications.

(B) The medical director of the LEMSA ~~local EMS agency~~ shall submit Form #EMSA-0391, Revised 03/18/03 to, and obtain approval from, the Director of the ~~EMS~~ Authority in accordance with Section 1797.172 (b) of the Health and Safety Code for any procedures or medications proposed for use pursuant to this subsection prior to implementation of these medication(s) and or procedure(s).

1 (C) The ~~EMS~~ Authority shall, within fourteen (14) days of receiving the request, notify
2 the medical director of the LEMSA ~~local EMS agency~~ submitting request Form #EMSA-
3 0391 that the request form has been received, and shall specify what information, if any,
4 is missing.

5 (D) The Director of the ~~EMS~~ Authority, in consultation with the Emergency Medical
6 Directors Association of California's Scope of Practice Committee, shall approve or
7 disapprove the request for additional procedures and/or medications and notify the
8 LEMSA ~~local EMS agency~~ medical director of the decision within ninety (90) days of
9 receipt of the completed request. Approval is for a three (3) year period and may be
10 renewed for another three (3) year period, based on evidence from a written request
11 that includes at a minimum the utilization of the procedure(s) or medication(s), beneficial
12 effects, adverse reactions or complications, appropriate statistical evaluation, and
13 general conclusion.

14 (E) The Director of the ~~EMS~~ Authority, in consultation with a committee of the ~~local~~
15 ~~emergency medical services~~ LEMSA medical directors named by the Emergency
16 Medical Directors Association of California, may suspend or revoke approval of any
17 previously approved additional procedure(s) or medication(s) for cause.

18 (d) The medical director of the LEMSA ~~local EMS agency~~ may develop policies and
19 procedures or establish standing orders allowing the paramedic to initiate any
20 paramedic activity in the approved scope of practice without voice contact for medical
21 direction from a physician or mobile intensive care nurse (MICN), provided that an
22 EMSQIP ~~EMS System Quality Improvement Program~~, as specified in Chapter 12 of this

Division₁ is in place.

NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.185, 1797.192, 1797.195, and 1797.214, Health and Safety Code. Reference: Sections 1797.172 and 1797.185, Health and Safety Code.

§ 100146 100147. Paramedic Trial Studies.

A paramedic may perform any prehospital emergency medical care treatment procedure(s) or administer any medication(s) on a trial basis when approved by the medical director of the LEMSA ~~local EMS agency~~ and the Director of the ~~Emergency Medical Services~~ Authority.

(a) The medical director of the LEMSA ~~local EMS agency~~ shall review a trial study plan, which at a minimum shall include the following:

(1) A description of the procedure(s) or medication(s) proposed, the medical conditions for which they can be utilized, and the patient population that will benefit.

(2) A compendium of relevant studies and material from the medical literature.

(3) A description of the proposed study design including the scope of the study and method of evaluating the effectiveness of the procedure(s) or medication(s), and expected outcome.

(4) Recommended policies and procedures to be instituted by the LEMSA ~~local EMS agency~~ regarding the use and medical control of the procedure(s) or medication(s) used in the study.

(5) A description of the training and competency testing required to implement the study.

1 (b) The medical director of the LEMSA ~~local EMS agency~~ shall appoint a local medical
2 advisory committee to assist with the evaluation and approval of trial studies. The
3 membership of the committee shall be determined by the medical director of the LEMSA
4 ~~local EMS agency~~, but shall include individuals with knowledge and experience in
5 research and the effect of the proposed study on the EMS system.

6 (c) The medical director of the LEMSA ~~local EMS agency~~ shall submit the proposed
7 study and send a copy of the proposed trial study plan at least forty-five (45) days prior
8 to the proposed initiation of the study to the Director of the ~~EMS~~ Authority for approval in
9 accordance with the provisions of section 1797.172 of the Health & Safety Code. The
10 ~~EMS~~ Authority shall inform the Commission on EMS (Commission) of studies being
11 initiated.

12 (d) The ~~EMS~~ Authority shall notify, within fourteen (14) days of receiving the request,
13 the medical director of the LEMSA ~~local EMS agency~~ submitting its request for approval
14 of a trial study that the request has been received, and shall specify what information, if
15 any, is missing.

16 (e) The Director of the ~~EMS~~ Authority shall render the decision to approve or
17 disapprove the trial study within forty-five (45) days of receipt of all materials specified in
18 subsections (a) and (b) of this section.

19 (f) The medical director of the LEMSA ~~local EMS agency~~ within eighteen (18) months of
20 initiation of the procedure(s) or medication(s), shall submit a written report to the

1 Commission ~~on EMS~~ which includes at a minimum the progress of the study, number of
2 patients studied, beneficial effects, adverse reactions or complications, appropriate
3 statistical evaluation, and general conclusion.

4 (g) The Commission ~~on EMS~~ shall review the above report within two (2) meetings and
5 advise the ~~EMS~~ Authority to do one of the following:

6 (1) Recommend termination of the study if there are adverse effects or no benefit from
7 the study is shown.

8 (2) Recommend continuation of the study for a maximum of eighteen (18) additional
9 months if potential but inconclusive benefit is shown.

10 (3) Recommend the procedure₁ or medication₁ be added to the paramedic basic or local
11 optional scope of practice.

12 (h) If option (g)(2) is selected, the Commission ~~on EMS~~ may advise continuation of the
13 study as structured or alteration of the study to increase the validity of the results.

14 (i) At the end of the additional eighteen (18) month period, a final report shall be
15 submitted to the Commission ~~on EMS~~ with the same format as described in (f) above.

16 (j) The Commission ~~on EMS~~ shall review the final report and advise the ~~EMS~~ Authority
17 to do one of the following:

18 (1) Recommend termination or further extension of the study.

19 (2) Recommend the procedure or medication be added to the paramedic basic or local
20 optional scope of practice.

21 (k) The ~~EMS~~ Authority may require the trial study(ies) to cease after thirty-six (36)
22 months.

1 NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

2 Reference: Sections 1797.3, 1797.172 and 1797.221, Health and Safety Code.

3 **§ 100147 100148. Responsibility of the LEMSA ~~Local EMS~~ Agency.**

4 The LEMSA ~~local EMS~~ agency that authorizes an ALS ~~advanced life support~~ program
5 shall establish policies and procedures approved by the medical director of the LEMSA
6 ~~local EMS~~ agency that shall include:

7 (a) Approval, denial, revocation of approval, suspension, and monitoring of training
8 programs, base hospitals or alternative base stations, and paramedic service providers.

9 (b) Assurance of compliance with provisions of this Chapter by the paramedic program
10 and the EMS system.

11 (c) Submission to the ~~State EMS~~ Authority, as changes occur, of the following
12 information on the approved paramedic training programs:

13 (1) Name of program director and/or program contact;

14 (2) Address, phone number, and facsimile number;

15 (3) Date of approval, date classes will initially begin, and date of expiration.

16 (d) Development or approval, implementation and enforcement of policies for medical
17 control, medical accountability, and an EMSQIP of the paramedic services,
18 including:

19 (1) Treatment and triage protocols.

20 (2) Patient care record and reporting requirements.

21 (3) Medical care audit system.

22 (4) Role and responsibility of the base hospital and paramedic service provider.

(e) System data collection and evaluation.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

Reference: Sections 1797.172, 1797.178, 1797.200, 1797.202, 1797.204, 1797.208, 1797.220, 1798 and 1798.100, Health and Safety Code.

Article 3. Program Requirements for Paramedic Training Programs

§ 100148 100149. Approved Training Programs.

(a) An approved paramedic training program or an institution eligible for paramedic training program approval, as defined in Section 100149(i) of this Chapter, may provide CCP training upon approval by the paramedic training program approving authority.

The purpose of a paramedic training program shall be:

(1) to prepare individuals to render prehospital ALS advanced life support within an organized EMS system; and

(2) to prepare individuals to render critical care transport within an organized EMS system

(b) By January 1, 2004, all paramedic training programs approved by a paramedic training program approving authority prior to January 1, 2000, shall be accredited and maintain current accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP), upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP), in order to continue to operate as an approved paramedic training program.

(c) All paramedic training programs approved by a paramedic training program

1 approving authority January 1, 2000, or thereafter shall submit their application, fee, and
2 self study to CoAEMSP for accreditation within twelve (12) months of the start up of
3 classes and receive and maintain CAAHEP accreditation no later than two (2) years
4 from the date of application to CoAEMSP for accreditation in order to continue to
5 operate as an approved paramedic training program.

6 (d) Paramedic training programs approved according to the provisions of this Chapter
7 shall provide the following information to all their paramedic training program applicants
8 prior to the applicants' enrollment in the paramedic training program:

9 (1) The date by which the paramedic training program must submit their application and
10 self study for initial accreditation or their application for accreditation renewal to
11 CoAEMSP.

12 (2) The date by which the paramedic training program must be initially accredited or
13 have their accreditation renewed by CAAHEP.

14 (3) Failure of the paramedic training program to submit their application and self study
15 or their accreditation renewal to CoAEMSP by the date specified will result in closure of
16 the paramedic training program by their respective paramedic training program
17 approving authority, unless the paramedic training program approving authority has
18 approved a plan for meeting compliance as provided in Section ~~100156~~ 100157 of this
19 Chapter. When a paramedic training program approval is revoked under this provision,
20 the paramedic training program course director must demonstrate to the satisfaction of
21 their respective paramedic training program approving authority that the deficiency for
22 which the paramedic training program approval was revoked has been rectified before

submitting a new application for paramedic training program approval.

(4) Failure of the paramedic training program to obtain or maintain CAAHEP accreditation by the required date will result in closure of the paramedic training program by their respective paramedic training program approving authority, unless the paramedic training program approving authority has approved a plan for meeting compliance as provided in Section ~~400156~~ 100157 of this Chapter. When a paramedic training program approval has been revoked under this provision, the paramedic training program course director must demonstrate to the satisfaction of their respective paramedic training program approving authority that the deficiency for which the paramedic training program approval was revoked has been rectified before submitting a new application for paramedic training program approval.

(5) Students graduating from a paramedic training program that fails to apply for accreditation with, receive accreditation from, or maintain accreditation with, CAAHEP by the dates required will not be eligible for state licensure as a paramedic.

(e) Paramedic training programs shall submit to their respective paramedic training program approving authority all documents submitted to, and received from, CoAEMSP and CAAHEP for accreditation, including but not limited to, the initial application and self study for accreditation and the documents required for maintaining accreditation.

(f) Paramedic training programs shall submit to the EMS Authority the date their initial application was submitted to CoAEMSP and copies of documentation from CoAEMSP and/or CAAHEP verifying accreditation.

(g) Paramedic training program approving authorities shall revoke approval, in accordance with Section ~~100156~~ 100157 of this Chapter, of any paramedic training program which fails to comply with subsections (b) through (e) of this Section.

(h) Approved paramedic training programs shall participate in the ~~emergency medical services system~~ EMSQIP of their respective paramedic training program approving authority. In addition, an approved paramedic training program, which is conducting a paramedic training program outside the jurisdiction of their approving authority, shall also agree to participate in the EMSQIP of the LEMSA ~~local EMS agency~~ which has jurisdiction where the paramedic training program is being conducted.

(i) Eligibility for program approval shall be limited to the following institutions:

(1) Accredited universities, colleges, including junior and community colleges, and private post-secondary schools as approved by the State of California, Department of Consumer Affairs, Bureau of Private Postsecondary and Vocational Education.

(2) Medical training units of a branch of the Armed Forces or Coast Guard of the United States.

(3) Licensed general acute care hospitals which meet the following criteria:

(A) Hold a special permit to operate a basic or comprehensive emergency medical service pursuant to the provisions of Division 5;

(B) Provide continuing education (CE) to other health care professionals; and

(C) are accredited by a Centers for Medicare and Medicaid Services approved deeming authority ~~the Joint Commission on the Accreditation of Healthcare Organizations or the Healthcare Facilities Accreditation Program of the American Osteopathic Association.~~

(4) Agencies of government.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.173, Health and Safety Code. Reference: Sections 1797.172, 1797.173, 1797.208 and 1797.213, Health and Safety Code.

§ 100149 100150. Teaching Staff.

(a) Each training program shall have an approved program medical director who shall be a physician currently licensed in the State of California, who has two (2) years experience in prehospital care in the last five (5) years, and who is qualified by education or experience in methods of instruction. Duties of the program medical director shall include, but not be limited to:

(1) Review and approve educational content of the program curriculum, including training objectives for the clinical and field instruction, to certify its ongoing appropriateness and medical accuracy.

(2) Review and approve the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.

(3) Approval of provision for hospital clinical and field internship experiences.

(4) Approval of principal instructor(s).

(b) Each training program shall have an approved course director who shall be licensed in California as a physician, a registered nurse who has a baccalaureate degree or a paramedic who has a baccalaureate degree, or shall be an individual who holds a baccalaureate degree in a related health field or in education. The course director shall be qualified by education and experience in methods, materials, and evaluation of

instruction, and shall have a minimum of one (1) year experience in an administrative or management level position and have a minimum of three (3) years academic or clinical experience in prehospital care education within the last five (5) years. Duties of the course director shall include, but not be limited to:

(1) Administration, organization and supervision of the educational program.

(2) In coordination with the program medical director, approve the principal instructor, teaching assistants, field and hospital clinical preceptors, clinical and internship assignments, and coordinate the development of curriculum, including instructional objectives, and approve all methods of evaluation.

(3) Ensure training program compliance with this chapter and other related laws.

(4) Sign all course completion records.

(5) Ensure that the preceptor(s) are trained according to the curriculum in subsection (e)(4).

(c) Each training program shall have a principal instructor(s), who may also be the program medical director or course director if the qualifications in subsections (a) and (b) are met, who shall:

(1) Be a physician, registered nurse, physician assistant, or paramedic, currently certified or licensed in the State of California.

(2) ~~Have two years experience in advanced life support prehospital care and~~ Be knowledgeable in the course content of the United States Department of Transportation (U.S. DOT) National Emergency Medical Services Education Standards Technician-Paramedic National Standard Curriculum HS 808 862 March 1999 DOT HS

1 811 077A, January 2009, herein incorporated by reference; and

2 (3) Have six years (6) experience in an allied health field ~~or related technology~~ and an
3 associate degree or two (2) years experience in an allied health field ~~or related~~
4 ~~technology~~ and a baccalaureate degree.

5 (4) Be responsible for areas including, but not limited to, curriculum development,
6 course coordination, and instruction.

7 (5) Be qualified by education and experience in methods, materials, and evaluation of
8 instruction, which shall be documented by at least forty (40) hours of instruction in
9 teaching methodology. Following, but not limited to, are examples of courses that meet
10 the required instruction in teaching methodology:

11 (A) a- California State Fire Marshal (CSFM) “Fire Training Instructor 1A, and 1B, and
12 1C”,

13 (B) b- National Fire Academy (NFA) “Fire Service Instructional Methodology” course,
14 and

15 (C) c- A course that meets the U. S. Department of Transportation/National Highway
16 Traffic Safety Administration 2002 Guidelines for Educating EMS Instructors, such as
17 the National Association of EMS Educators’ EMS Educator Course.

18 (d) Each CCP training program shall have a principal instructor(s) who shall be licensed
19 in California as a physician and knowledgeable in the subject matter, a registered nurse
20 knowledgeable in the subject matter, or a paramedic with current CCP certification or
21 FP certification from the BCCTPC.

1 (d e) Each training program may have a teaching assistant(s) who shall be an
2 individual(s) qualified by training and experience to assist with teaching of the course. A
3 teaching assistant shall be supervised by a principal instructor, the course director
4 and/or the program medical director.

5 (e f) Each paramedic training program shall have a field preceptor(s) who shall:

6 (1) Be a certified or licensed paramedic; and

7 (2) Be working in the field as a certified or licensed paramedic for the last two (2) years;
8 and

9 (3) Be under the supervision of a principal instructor, the course director and/or the
10 program medical director.

11 (4) Have completed field preceptor training approved by the LEMSA ~~local EMS agency~~
12 and/or comply with the field preceptor guidelines approved by the LEMSA ~~local EMS~~
13 ~~agency~~. Training shall include a curriculum that will result in the preceptor being
14 competent to evaluate the paramedic student during the internship phase of the training
15 program, and how to do the following in cooperation with the paramedic training
16 program:

17 (A) Conduct a daily field evaluation of students.

18 (B) Conduct cumulative and final field evaluations of all students.

19 (C) Rate students for evaluation using written field criteria.

20 (D) Identify ALS ~~advanced life support~~ contacts and requirements for graduation.

21 (E) Identify the importance of documenting student performance.

22 (F) Review field preceptor requirements contained in this Chapter.

1 (G) Assess student behaviors using cognitive, psychomotor, and affective domains.

2 (H) Create a positive and supportive learning environment.

3 (I) Measure students against the standard of entry level paramedics.

4 (J) Identify appropriate student progress.

5 (K) Counsel the student who is not progressing.

6 (L) Identify training program support services available to the student and the
7 preceptor.

8 (M) Provide guidance and applicable procedures for dealing with an injured student or
9 student who has had an exposure to illness, communicable disease or hazardous
10 material.

11 (f g) Each training program shall have a hospital clinical preceptor(s) who shall:

12 (1) Be a physician, registered nurse or physician assistant currently licensed in the State
13 of California.

14 (2) Have worked in emergency medical care for the last two (2) years.

15 (3) Be under the supervision of a principal instructor, the course director, and/or the
16 program medical director.

17 (4) Receive instruction in evaluating paramedic students in the clinical setting. Means
18 of instruction may include, but need not be limited to, educational brochures, orientation,
19 training programs, or training videos, and shall include how to do the following in
20 cooperation with the paramedic training program:

21 (A) Evaluate a student's ability to safely administer medications and perform
22 assessments.

- 1 (B) Document a student's performance.
- 2 (C) Review clinical preceptor requirements contained in this Chapter.
- 3 (D) Assess student behaviors using cognitive, psychomotor, and affective domains.
- 4 (E) Create a positive and supportive learning environment.
- 5 (F) Identify appropriate student progress.
- 6 (G) Counsel the student who is not progressing.
- 7 (H) Provide guidance and applicable procedures for dealing with an injured student or
- 8 student who has had an exposure to illness, communicable disease or hazardous
- 9 material.

10 NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

11 Reference: Sections 1797.172 and 1797.208, Health and Safety Code.

12 **§ 400150 100151. Didactic and Skills Laboratory.**

13 An approved paramedic training program and/or CCP training program shall assure that

14 no more than six (6) students are assigned to one instructor/teaching assistant during

15 skills practice/laboratory.

16 NOTE: Authority cited: 1797.107, 1797.172 and 1797.173, Health and Safety Code.

17 Reference: Sections 1797.172, 1797.173 and 1797.208, Health and Safety Code.

18 **§ 400151 100152. Hospital Clinical Education and Training for Paramedic.**

19 (a) An approved paramedic training program shall provide for and monitor a supervised

20 clinical experience at a hospital(s) that is licensed as a general acute care hospital and

21 holds a permit to operate a basic or comprehensive emergency medical service. The

22 clinical setting may be expanded to include areas commensurate with the skills

experience needed. Such settings may include surgicenters, clinics, jails or any other areas deemed appropriate by the LEMSA ~~local EMS agency~~. The maximum number of hours in the expanded clinical setting shall not exceed forty (40) hours of the total clinical hours specified in Section ~~100158~~ 100159(a)(2).

(b) Hospital clinical training, for an approved CCP training program, should consist of no less than ninety-four hours (94) in the following areas:

(1) Labor & Delivery (8 hours),

(2) Neonatal Intensive Care (16 hours),

(3) Pediatric Intensive Care (16 hours),

(4) Adult Cardiac Care (16 hours),

(5) Adult Intensive Care (24 hours),

(6) Adult Respiratory Care (6 hours), and

(7) Emergency/ Trauma Care (8 hours).

~~(b)~~ c) An approved paramedic training program and/or CCP training program shall not enroll any more students than the training program can commit to providing a clinical internship to begin no later than thirty (30) days after a student's completion of the didactic and skills instruction portion of the training program. The paramedic training program course director and/or CCP training program course director and a student may mutually agree to a later date for the clinical internship to begin in the event of special circumstances (e.g., student or preceptor illness or injury, student's military duty, etc.).

(e d) Training programs, both paramedic and CCP, in nonhospital institutions shall enter into a written agreement(s) with a licensed general acute care hospital(s) that holds a permit to operate a basic or comprehensive emergency medical service for the purpose of providing this supervised clinical experience.

(d e) Paramedic clinical training hospital(s) and other expanded settings shall provide clinical experience, supervised by a clinical preceptor(s). The clinical preceptor may assign the student to another health professional for selected clinical experience. No more than two (2) students shall be assigned to one preceptor or health professional during the supervised clinical experience at any one time. Clinical experience shall be monitored by the training program staff and shall include direct patient care responsibilities, which may include the administration of any additional medications, approved by the LEMSA ~~local EMS agency~~ medical director and the director of the ~~EMS~~ Authority, to result in competency. Clinical assignments shall include, but are not to be limited to, emergency, cardiac, surgical, obstetric, and pediatric patients.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.173, Health and Safety Code. Reference: Sections 1797.172, 1797.173 and 1797.208, Health and Safety Code.

§ 100152 100153. Field Internship.

(a) A field internship shall provide emergency medical care experience supervised at all times by an authorized field preceptor to result in the paramedic student being competent to provide the medical procedures, techniques, and medications specified in Section ~~100145~~ 100146, in the prehospital emergency setting within an organized EMS

1 system.

2 (b) An approved paramedic training program shall enter into a written agreement with a
3 paramedic service provider(s) to provide for field internship, as well as for a field
4 preceptor(s) to directly supervise, instruct, and evaluate the students. The assignment
5 of a student to a field preceptor shall be a collaborative effort between the training
6 program and the provider agency. If the paramedic service provider is located outside
7 the jurisdiction of the paramedic training program approving authority, then the training
8 program shall do the following:

9 (1) in collaboration with the LEMSA ~~local EMS agency~~ in which the field internship will
10 occur, ensure that the student has been oriented to that LEMSA ~~local EMS agency~~,
11 including local policies and procedures and treatment protocols,

12 (2) contact the LEMSA ~~local EMS agency~~ where the paramedic service provider is
13 located and report to that LEMSA ~~local EMS agency~~ the name of the paramedic intern
14 in their jurisdiction, the name of the EMS provider, and the name of the preceptor. The
15 paramedic intern shall be under the medical control of the medical director of the
16 LEMSA ~~local EMS agency~~ in which the internship occurs.

17 (c) The training program shall be responsible for ensuring that the field preceptor has
18 the experience and training as required in Section ~~100149~~ 100150(eg)(1)-(4).

19 (d) The paramedic training program shall not enroll any more students than the training
20 program can commit to providing a field internship to begin no later than ninety (90)
21 days after a student's completion of the hospital clinical education and training portion of
22 the training program. The training program director and a student may mutually agree to

a later date for the field internship to begin in the event of special circumstances (e.g., student or preceptor illness or injury, student's military duty, etc.).

(e) For at least half of the ALS patient contacts specified in Section 1001589(b), the paramedic student shall be required to provide the full continuum of care of the patient beginning with the initial contact with the patient upon arrival at the scene through release of the patient to a receiving hospital or medical care facility.

(f) All interns shall be continuously monitored by the training program, in collaboration with the assigned field preceptor, regardless of the location of the internship, as described in written agreements between the training program and the internship provider. The training program shall document a student's progress, based on the assigned field preceptor's input, and identify specific weaknesses of the student, if any, and/or problems encountered by, or with, the student. Documentation of the student's progress, including any identified weaknesses or problems, shall be provided to the student at least twice during the student's field internship.

(g) No more than one (1) EMT ~~emergency medical technician~~ trainee, of any level, shall be assigned to a response vehicle at any one time during the paramedic student's field internship.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.173, Health and Safety Code. Reference: Sections 1797.172, 1797.173 and 1797.208, Health and Safety Code.

§ 100153 100154. Procedure for Paramedic Training Program Approval.

(a) Eligible training institutions shall submit a written request for training program

approval to the paramedic training program approving authority. A paramedic training program approving authority may deem a paramedic training program approved that has been accredited by the CAAHEP upon submission of proof of such accreditation, without requiring the paramedic training program to submit for review the information required in subsections (b) and (c) of this section.

(b) The paramedic training program approving authority shall receive and review the following prior to program approval:

(1) A statement verifying that the course content meets the requirements contain in is equivalent to the U. S. Department of Transportation (DOT) Emergency Medical Technician-Paramedic National Standard Curriculum National Education Standards DOT HS 808-862 811 077A March 1999 January 2009.

(2) A statement verifying that the CCP training program course content meets the requirements contained in Section 100160(b) of this Chapter. The CCP training program must also verify compliance with Subsections (b)(3)-(b)(6) and (b)(8)-(b)(9) of this Section.

(2 3) An outline of course objectives.

(3 4) Performance objectives for each skill.

(4 5) The name and qualifications of the training program course director, program medical director, and principal instructors.

(5 6) Provisions for supervised hospital clinical training including student evaluation criteria and standardized forms for evaluating paramedic students; and monitoring of preceptors by the training program.

1 (6 7) Provisions for supervised field internship including student evaluation criteria and
2 standardized forms for evaluating paramedic students; and monitoring of preceptors by
3 the training program.

4 (7 8) The location at which the courses are to be offered and their proposed dates.

5 (8 9) Written agreements between the paramedic training program and a hospital(s)
6 and other clinical setting(s), if applicable, for student placement for clinical education
7 and training.

8 (9 10) Written contracts or agreements between the paramedic training program and a
9 provider agency(ies) for student placement for ~~field~~ field internship training.

10 (c) The paramedic training program approving authority shall review the following prior
11 to program approval:

12 (1) Samples of written and skills examinations administered by the training program for
13 periodic testing.

14 (2) A final written examination administered by the training program.

15 (3) Evidence that the training program provides adequate facilities, equipment,
16 examination security, and student record keeping.

17 (d) The paramedic training program approving authority shall submit to the ~~State EMS~~
18 Authority an outline of program objectives and eligibility on each ~~paramedic~~ training
19 program being proposed for approval in order to allow the ~~State EMS~~ Authority to make
20 the determination required by section 1797.173 of the Health and Safety Code. Upon
21 request by the ~~State EMS~~ Authority, any or all materials submitted by the ~~paramedic~~
22 training program shall be submitted to the ~~State EMS~~ Authority.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

Reference: Sections 1797.172, 1797.173 and 1797.208, Health and Safety Code.

§ 100154 100155. Paramedic Training Program Approval/~~Disapproval~~.

(a) The paramedic training program approving authority shall, within thirty (30) working days of receiving a request for training program approval, notify the requesting training program that the request has been received, and shall specify what information, if any, is missing.

(b) Paramedic training program approval or disapproval shall be made in writing by the paramedic training program approving authority to the requesting training program after receipt of all required documentation. This time period shall not exceed three (3) months.

(c) The paramedic training program approving authority shall establish the effective date of program approval in writing upon satisfactory documentation of compliance with all program requirements.

(d) Paramedic training program approval shall be for four (4) years following the effective date of approval and may be renewed every four (4) years subject to the procedure for program approval specified in this chapter.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

Reference: Sections 1797.172, 1797.173 and 1797.208, Health and Safety Code; and section 15376, Government Code.

§ 100155 100156. Program Review and Reporting.

(a) All program materials specified in this Chapter shall be subject to periodic review by the paramedic training program approving authority and may also be reviewed upon request by the ~~EMS~~ Authority.

(b) All programs shall be subject to periodic on-site evaluation by the paramedic approving authority and may also be evaluated by the ~~EMS~~ Authority.

(c) Any person or agency conducting a training program shall notify the paramedic training program approving authority in writing, in advance when possible, and in all cases within thirty (30) days of any change in course objectives, hours of instruction, course director, program medical director, principal instructor, provisions for hospital clinical experience, or field internship.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

Reference: Sections 1797.172 and 1797.208, Health and Safety Code.

~~§ 100156~~ 100157. Denial or Withdrawal of Program Approval.

(a) Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this Chapter may result in denial, probation, suspension or revocation of program approval by the paramedic training program approving authority. Notification of noncompliance and action to place on probation, suspend or revoke shall be done as follows:

(1) A paramedic training program approving authority shall notify the approved ~~paramedic~~ training program course director in writing, by certified mail, of the provisions of this Chapter with which the paramedic training program is not in compliance.

1 (2) Within fifteen (15) days of receipt of the notification of noncompliance, the approved
2 ~~paramedic~~ training program shall submit in writing, by certified mail, to the paramedic
3 training program approving authority one of the following:

4 (A) Evidence of compliance with the provisions of this Chapter, or

5 (B) A plan for meeting compliance with the provisions of this Chapter within sixty (60)
6 days from the day of receipt of the notification of noncompliance.

7 (3) Within fifteen (15) days of receipt of the response from the approved ~~paramedic~~
8 training program, or within thirty (30) days from the mailing date of the noncompliance
9 notification if no response is received from the approved ~~paramedic~~ training program,
10 the paramedic training program approving authority shall notify the ~~EMS~~ Authority and
11 the approved ~~paramedic~~ training program in writing, by certified mail, of the decision to
12 accept the evidence of compliance, accept the plan for meeting compliance, place on
13 probation, suspend or revoke the ~~paramedic~~ training program approval.

14 (4) If the paramedic training program approving authority decides to suspend or revoke
15 the ~~paramedic~~ training program approval, the notification specified in subsection (a)(3)
16 of this section shall include the beginning and ending dates of the probation or
17 suspension and the terms and conditions for lifting of the probation or suspension or the
18 effective date of the revocation, which may not be less than sixty (60) days from the
19 date of the paramedic training program approving authority's letter of decision to the
20 ~~EMS~~ Authority and the ~~paramedic~~ training program.

21 NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

22 Reference: Sections 1797.172, 1797.208 and 1798.202, Health and Safety Code.

1 **§ 100157 100158. Student Eligibility.**

2 (a) To be eligible to enter a paramedic training program an individual shall meet the
3 following requirements:

4 (1) Possess a high school diploma or general education equivalent; and

5 (2) possess a current basic cardiac life support (CPR) card ~~according~~ equivalent to the
6 current American Heart Associations Guidelines 2000 for Cardiopulmonary

7 Resuscitation and Emergency Cardiovascular Care at the healthcare provider level; and

8 (3) possess a current EMT-I certificate or NREMT-Basic registration; or

9 (4) possess a current AEMT ~~EMT-II~~ certificate in the State of California; or

10 (5) be currently registered as an EMT-Intermediate with the ~~National Registry of~~
11 ~~Emergency Medical Technicians~~ NREMT.

12 (b) To be eligible to enter a CCP training program an individual shall be currently
13 licensed, and accredited, in California as a paramedic with three (3) years of basic
14 paramedic practice.

15 NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

16 Reference: Sections 1797.172 and 1797.208, Health and Safety Code.

17 **§ 100158 100159. Required Course Hours.**

18 (a) The total paramedic training program shall consist of not less than one thousand
19 and ninety (1090) hours. These training hours shall be divided into:

20 (1) A minimum of four-hundred and fifty (450) hours of didactic instruction and skills
21 laboratories;

22 (2) The hospital clinical training shall consist of no less than one-hundred and sixty

~~(160)~~ hours and the field internship shall consist of no less than four-hundred and eighty
(480) hours.

(b) The student shall have a minimum of forty ~~(40)~~ ~~advanced life support (ALS)~~ patient
contacts during the field internship as specified in Section ~~400152~~ 100153. An ALS
patient contact shall be defined as the student performance of one or more ALS skills,
except cardiac monitoring and ~~basic cardiopulmonary resuscitation (CPR)~~, on a patient.

(c) The minimum hours shall not include the following:

(1) Course material designed to teach or test exclusively EMT-~~4~~ knowledge or skills
including CPR.

(2) Examination for student eligibility.

(3) The teaching of any material not prescribed in section ~~400159~~ 100160 of this
Chapter.

(4) Examination for paramedic licensure.

(d) The total CCT-P training program shall consist of not less than two-hundred and two
(202) hours. These training hours shall be divided into:

(1) A minimum of one-hundred and eight (108) hours of didactic and skills laboratories;
and

(2) No less than ninety-four (94) hours of hospital clinical training as prescribed in
Section 100152(b) of this Chapter.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

Reference: Section 1797.172, Health and Safety Code.

§ ~~400159~~ 100160. Required Course Content.

(a) The content of a paramedic course shall meet the objectives contained in the U. S. Department of Transportation (DOT) National Emergency Medical Services Education Standards, DOT HS 811 077A, January 2009, ~~incorporated herein by reference~~, to result in the paramedic being competent in the paramedic basic scope of practice specified in ~~Section 100145~~ 100146(a) of this Chapter. ~~The paramedic course shall also include adequate instruction that, at a minimum, meets the content of the Paramedic Instructional Guidelines, DOT HS 811-077E (a companion document to the U.S. DOT National Emergency Medical Services Education Standards, DOT HS 811 077A, January 2009), incorporated here in by reference.~~ The U.S. DOT National Emergency Medical Services Education Standards, DOT DOT HS 811 077A and the Paramedic Instructional Guidelines, DOT HS 811-077E, can be accessed through the U.S. DOT National Highway Traffic Safety Administration at the following website addresses: <http://www.nhtsa.gov/staticfiles/DOT/NHTSA/ems/811077a.pdf>
<http://www.nhtsa.gov/staticfiles/DOT/NHTSA/ems/81107e.pdf>.
<http://www.ems.gov/education/nationalstandardandnocs.html>

(b) The content of the ~~CCT-P~~ course shall include:

1. Role of interfacility transport paramedic:

(A) Healthcare system

(B) Critical care vs. 9-1-1 system

(C) Integration and cooperation with other health professionals

(D) Hospital documentation and charts

(E) Physician orders vs. ALS protocols

1 2. Medical – legal issues:

2 (A) Emergency Medical Treatment and Active Labor Act (EMTALA)

3 (B) Health Insurance Portability and Accountability Act (HIPAA)

4 (C) Review of California paramedic scope of practice

5 (D) Consent issues

6 (E) Do Not Resuscitate (DNR) and Physicians Orders for Life-Sustaining Treatment

7 (POLST)

8 3. Transport Fundamentals, Safety and Survival

9 (A) Safety of the work environment

10 (B) Transport vehicle integrity checks

11 (C) Equipment functionality checks

12 (D) Transport mode evaluation, indications for critical care transport and policies

13 (E) Aircraft Fundamentals and Safety

14 (F) Flight Physiology

15 (G) Mission safety decisions

16 (H) Scene Safety and Post-accident duties at a crash site

17 (I) Patient Packaging for transport

18 (J) Crew Resource Management (CRM) & Air Medical Resource Management

19 (AMRM)

20 (K) Use of safety equipment while in transport

21 (L) Passenger safety procedures (e.g., specialty teams, family, law enforcement,

22 observer)

1 (M) Hazard observation and correction during transport vehicle operation

2 (N) Stressors related to transport (e.g., thermal, humidity, noise, vibration, or fatigue
3 related conditions)

4 (O) Corrective actions for patient stressors related to transport

5 (P) Operational procedures:

6 (1) Dispatching and deployment

7 (2) Recognition of patients who require a higher level of care

8 a. What to do if you are not comfortable with a transport/ patient.

9 b. When a patient's needs exceed the staffing available on the unit.

10 (3) Review of specific county policies

11 (4) Obtaining and receiving reports from sending/ receiving facilities

12 (5) Re-calculating hanging dose prior to accepting patient

13 (6) Notification to receiving hospital while en route (cell phone)

14 a. Patient status

15 b. Estimated time of arrival (ETA)

16 (7) What to do if the patient deteriorates

17 (8) Diversion issues

18 (9) Wait and return calls – continuity of care issues

19 (10) Documentation

20 a. Patient consent forms

21 b. Physician order sheets

22 c. Critical care flow sheets

1 4 Shock and multi-system organ failure

2 (A) Pathophysiology of shock

3 (B) Types of shock

4 (C) Shock management

5 (D) Multi-system organ failure

6 1. Recognition and management of sepsis

7 2. Recognition and management of disseminated intravascular coagulation

8 (DIC)

9 5. Basic Physiology for Critical Care Transport and Laboratory and Diagnostic Analysis

10 Laboratory values:

11 (A) Arterial blood gases

12 1. The potential hydrogen (pH) scale

13 2. Bodily regulation of acid-base balance

14 3. Practical evaluation of arterial blood gas results

15 (B) Review of the following to include normal and abnormal values and implications

16 1. Urinalysis

17 a. Normal output

18 b. Specific gravity

19 c. pH range

20 2. Complete blood count (CBC)

21 a. Hematocrit and Hemoglobin (H&H)

22 b. Red blood cell (RBC)

- 1 c. White blood cell (WBC) with differential
- 2 d. Platelets
- 3 3. Other
- 4 a. Albumin
- 5 b. Alkaline phosphate
- 6 c. Alanine transaminase (ALT)
- 7 d. Aspartate transaminase (AST)
- 8 e. Bilirubin
- 9 f. Calcium
- 10 g. Chloride
- 11 h. Creatine Kinase (CK) (total and fractions)
- 12 i. Creatinine
- 13 j. Glucose
- 14 k. Lactate
- 15 l. Lactic dehydrogenase (LDH)
- 16 m. Lipase
- 17 4. Magnesium
- 18 5. Phosphate
- 19 6. Potassium
- 20 7. Procalcitonin
- 21 8. Protein, total
- 22 9. Prothrombin Time (PT) and Activated Partial Thromboplastin Time (PTT)

1 10. Sodium

2 11. Troponin

3 12. Urea nitrogen

4 (C) Practical application of laboratory values to patient presentations

5 (D) Use of laboratory devices for point of care testing (eg: ISTAT)

6 (E) Radiographic Interpretation

7 (F) Wherever appropriate, the above education should include information regarding
8 radiographic findings, pertinent laboratory and bedside testing, and pharmacological
9 interventions

10 6. Critical Care Pharmacology and Infusion Therapy

11 Pharmacology and infusion therapies:

12 (A) Review of common medications encountered in the critical care environment to
13 include those in the following categories:

14 1. Analgesics

15 2. Antianginals

16 3. Antiarrhythmics

17 4. Antibiotics

18 5. Anticoagulants

19 6. Antiemetics

20 7. Anti-inflammatory agents

21 8. Antihypertensives

22 9. Antiplatelets

- 1 10. Antitoxins
- 2 11. Benzodiazepines
- 3 12. Bronchodilators
- 4 13. Glucocorticoids
- 5 14. Glycoprotein IIb/IIIa inhibitors
- 6 15. Histamine Blockers (1 and 2)
- 7 16. Induction agents
- 8 17. Neuroleptics
- 9 18. Osmotic diuretics
- 10 19. Paralytics
- 11 20. Proton Pump Inhibitors
- 12 21. Sedatives
- 13 22. Thrombolytics
- 14 23. Total Parenteral Nutrition
- 15 24. Vasopressors
- 16 25. Volume expanders
- 17 (B) Review of drug calculation mathematics
- 18 1. IV bolus medication
- 19 2. IV infusion rates
- 20 a. By volume
- 21 b. By rate
- 22 (C) Detailed instruction (drug action and indications, dosages, IV calculation,

adverse reactions, contraindications and precautions) on following medications:

1. IV nitroglycerin (NTG)

2. Heparin

3. Potassium chloride (KCl) infusion

4. Lidocaine

(D) Blood and blood products

1. Blood components and their uses in therapy

2. Administrative procedures

3. Administration of blood products

4. Transfusion reactions – recognition, management

(E) Infusion pumps:

1. Set up and maintain IV fluid and medication delivery pumps and devices

2. Discussion of various pumps that may be encountered

3. Discussion of prevention of “run-away” IV lines while transitioning

4. Practical application of transfer of IV infusions, setting drip rates and troubleshooting

(F) Procedures to be used when re-establishing IV lines

1. Hemodynamic monitoring and invasive lines:

a. Non-invasive monitoring

1) Non-invasive blood pressure (NIBP)

2) Pulse oximetry

3) Capnography

1 4) Heart and bowel sound auscultation

2 b. Intraosseous (IO) access and infusion - the student must demonstrate
3 competency in the skill of IO infusion

4 c. Central Venous Access

5 1) Subclavian - the student must demonstrate competency in the skill of
6 subclavian access.

7 2). Internal jugular - the student must demonstrate competency in the skill
8 of internal jugular access.

9 3) Femoral approach - the student must demonstrate competency in the
10 skill of femoral access.

11 6. Respiratory Patient Management

12 (A) Pulmonary anatomy and physiology

13 1. Upper and lower airway anatomy

14 2. Mechanics of ventilation and oxygenation

15 3. Gas Exchange

16 4. Oxyhemoglobin dissociation

17 (B) Detailed assessment of the respiratory patient

18 1. Obtaining a relevant history

19 2. Physical exam

20 3. Breath sounds

21 4. Percussion

22 (C) Causes, pathophysiology, and stages of respiratory failure

1 (D) Assessment and management of patients with respiratory compromise

2 1. Respiratory failure

3 2. Atelectasis

4 3. Pneumonia

5 4. Pulmonary embolism

6 5. Pneumothorax

7 6. Spontaneous pneumothorax

8 7. Hemothorax

9 6. Pleural effusion

10 7. Pulmonary edema

11 8. Chronic obstructive pulmonary disease

12 9. Adult respiratory distress syndrome (ARDS)

13 (E) Differential diagnosis of acute and chronic conditions

14 (F) Management of patient status using

15 1. Laboratory values, to include but not limited to,

16 a. Blood gas values,

17 b. Use of ISTAT

18 2. Diagnostic equipment

19 a. Pulse oximetry,

20 b. Capnography

21 c. Chest radiography

22 d. CO-Oximetry (carbon monoxide measurement)

1 (G) Application of pharmacologic agents for the respiratory patient

2 (H) Management of complications during transport of the respiratory patient

3 7. Advanced Airway and Breathing Management Techniques

4 (A) Indications for basic and advanced airway management

5 1. Crash airway assessment and management

6 2. Deteriorating airway assessment and management

7 (B) Indications, contraindications, complications, and management for specific
8 airway and breathing interventions

9 1. Needle Cricothyroidotomy

10 2. Surgical Cricothyroidotomy - the student must demonstrate competency in the
11 skill of surgical cricothyroidotomy.

12 3. Tracheostomies

13 a. Types of tracheostomies

14 b. Tracheostomy care

15 4. Endotracheal intubation – adult, pediatric, and neonatal

16 a. Nasotracheal intubation

17 b. Rapid Sequence Intubation (RSI) – the student must demonstrate
18 competency in the skill of RSI.

19 c. Perilaryngeal airway devices

20 1) Combitube

21 2) King Airway

22 3) Supraglottic airway devices

- 1 4) Laryngeal mask airway devices
- 2 5. Pleural decompression
- 3 6. Chest tubes
 - 4 a. Set up and maintain thoracic drainage systems
 - 5 b. Operation of and troubleshooting
 - 6 c. Indications for and positioning of dependent tubing
 - 7 d. Varieties available
 - 8 e. Gravity drainage
 - 9 f. Suction drainage
 - 10 g. On-going assessments of drainage amount and color
- 11 7. Portable ventilators
 - 12 a. Principles of ventilator operation
 - 13 b. Set-up and maintain mechanical ventilation devices
 - 14 c. Procedures for transferring ventilator patients
 - 15 d. Complications of ventilator management
 - 16 e. Troubleshooting and practical application
- 17 C. Perform advanced airway and breathing management techniques
 - 18 1. Endotracheal intubation – adult, pediatric, and neonatal
 - 19 2. Nasotracheal intubation
 - 20 3. Rapid Sequence Intubation (RSI)
 - 21 4. Pleural decompression
- 22 D. Failed airway management and algorithms

1 E. Perform alternative airway management techniques

2 1. Needle Cricothyroidotomy

3 2. Surgical Cricothyroidotomy

4 3. Retrograde intubation

5 4. Perilaryngeal airway devices

6 5. Supraglottic airway devices

7 6. Laryngeal mask airway devices

8 F. Airway management and ventilation monitoring techniques during transport

9 G. Use of mechanical ventilation

10 H. Administer pharmacology agent for continued airway management

11 8. Cardiac Patient Management

12 (A) Cardiac Anatomy and Physiology and Pathophysiology

13 (B) Detailed Assessment of the Cardiac Patient

14 (C) Assessment and Management of patients with cardiac events

15 1. Acute coronary syndromes,

16 2. Heart failure,

17 3. Cardiogenic shock,

18 4. Primary arrhythmias,

19 5. Hemodynamic instability

20 6. Vascular Emergencies

21 (D) Invasive monitoring (use, care, and complication management)

22 1. Arterial

1 2. Central venous pressure (CVP)

2 (E) Vascular access devices usage and maintenance

3 (F) Dressing and site care

4 (G) Management of complications

5 (H) Manage patient's status using

6 1. laboratory values (e.g., blood gas values, ISTAT)

7 2. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)

8 3. 12-lead EKG interpretation:

9 a. Essential 12-lead interpretation

10 b. Acquisition and transmission

11 c. Acute coronary syndromes

12 d. The high acuity patient

13 e. Bundle branch block and the imitators of acute coronary syndrome (ACS)

14 f. Theory and Use of cardiopulmonary support devices as part of patient
15 management

16 1) Ventricular assist devices,

17 2) Transvenous pacer,

18 3) Intra-aortic balloon pump

19 g. Application of Pharmacologic agents in Cardiac Emergencies

20 h. Management of complications of cardiac patients

21 i. Implanted cardioverter defibrillators:

22 1) Eligible populations

1 2) Mechanism

2 3) Complications and patient management

3 j. Cardiac pacemakers

4 1) Normal operations, troubleshooting and loss of capture

5 a). Implanted devices

6 b). Unipolar and bipolar

7 (2) Temporary pacemakers

8 (3) Transcutaneous pacing

9 9. Trauma Patient Management

10 (A) Differentiate injury patterns associated with specific mechanisms of injury

11 (B) Rate a trauma victim using the Trauma Score, to include but not be limited to
12 glasgow coma score, injury severity score, and revised trauma score

13 (C) Identify patients who meet trauma center criteria

14 (D) Perform a comprehensive assessment of the trauma patient

15 (E) Initiate the critical interventions for the management of the trauma patient

16 1. Manage the patient with life-threatening thoracic injuries

17 a. Tension pneumothorax,

18 b. Pneumothorax,

19 c. Hemothorax,

20 d. Flail chest,

21 e. Cardiac tamponade,

22 f. Myocardial rupture

1 2. Manage the patient with abdominal injuries

2 a. diaphragm,

3 b. liver,

4 c. spleen

5 3. Manage the patient with orthopedic injuries (e.g. pelvic, femur, spinal)

6 4. Manage the patient with neurologic injuries

7 a. Subdural,

8 b. Epidural,

9 c. Increased ICP

10 (F) Manage patient's status using

11 1. laboratory values (e.g., blood gas values, ISTAT)

12 2. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)

13 (G) Application of pharmacologic agents for trauma management

14 (H) Manage trauma patient emergencies and complications

15 1. the student must demonstrate competency in the skill of chest tube
16 thoracostomy.

17 2. The student must demonstrate competency in the skill of pericardiocentesis.

18 (I) Administer blood and blood products

19 (J) Trauma considerations:

20 1. Trauma assessment,

21 2. Adult thoracic & abdominal trauma,

22 3. Vascular trauma,

1 4. Musculoskeletal trauma,

2 5. Burns,

3 6. Ocular trauma,

4 7. Maxillofacial trauma,

5 8. Penetrating & blunt trauma,

6 9. Distributive & hypovolemic shock states,

7 10 Trauma Systems & Trauma Scoring, and

8 11. Kinematics of trauma & injury patterns.

9 10. Neurologic Patient Management

10 (A) Perform an assessment of the patient

11 (B) Conduct differential diagnosis of patients with coma

12 (C) Manage patients with seizures

13 (D) Manage patients with cerebral ischemia

14 (E) Initiate the critical interventions for the management of a patient with a
15 neurologic emergency

16 (F) Provide care for a patient with a neurologic emergency

17 1.Trauma neurological emergencies

18 2. Medical neurological emergencies

19 3.Cerebrovascular Accidents,

20 4.Neurological shock states

21 (G) Assess a patient using the Glasgow coma scale

22 (H) Manage patients with head injuries

1 (I) Manage patients with spinal cord injuries

2 (J). Manage patient's status using

3 1. laboratory values (e.g., blood gas values, ISTAT)

4 2. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)

5 (K) Intracranial Pressure monitoring.

6 (L) Application of pharmacologic agents for neurologic patients

7 (M). Manage neurologic patient complications

8 11. Toxic Exposure and Environmental Patient Management

9 (A) Toxic Exposure Patient

10 1. Perform a detailed assessment of the patient

11 2. Decontaminate toxicological patients (e.g., chemical/biological/radiological
12 exposure)

13 3. Administer poison antidotes

14 4. Provide care for victims of envenomation

15 a. Snake bite,

16 b. Scorpion sting,

17 c. Spider bite

18 5. Manage patient's status using

19 a. Laboratory values (e.g., blood gas values, ISTAT)

20 b. Diagnostic equipment (e.g., pulse oximetry, chest radiography,
21 capnography)

22 6. Administer pharmacologic agents

1 7. Manage toxicological patients

2 a. Medication overdose,

3 b. Chemical/biological/radiological exposure

4 8. Manage toxicological patient complications

5 (B) Environmental Patient

6 1. Perform an assessment of the patient

7 2. Manage the patient experiencing a cold-related illness

8 a. Frostbite,

9 b. Hypothermia,

10 c. Cold water submersion

11 3. Manage the patient experiencing a heat-related illness

12 a. Heat stroke,

13 b. Heat exhaustion,

14 c. Heat cramps

15 4. Manage the patient experiencing a diving-related illness

16 a. Decompression sickness,

17 b. Arterial gas emboli,

18 c. Near drowning

19 5. Manage the patient experiencing altitude-related illness

20 6. Manage patient's status using

21 a. laboratory values (e.g., blood gas values, ISTAT)

22 b. diagnostic equipment (e.g., pulse oximetry, chest radiography,

capnography)

7. Application for pharmacologic agents for toxic exposure and environmental patients

8. Treat patient with environmental complications

(C) Toxicology:

1. Toxic exposures,

2. Poisonings,

3. Overdoses,

4. Envenomations,

5. Anaphylactic shock, and

6. Infections diseases.

12. Obstetrical Patient Management

(A) Perform a detailed assessment of the patient

(B) Assess and Manage fetal distress

(C) Manage obstetrical patients

(D) Assess uterine contraction pattern

(E) Conduct interventions for obstetrical emergencies and complications

1. Pregnancy induced hypertension,

2. Hypertonic or tetanic contractions,

3. Cord prolapse,

4. Placental abruption

5. Severe preeclampsia involving hemolysis, elevated liver function, and low

1 platelets (HELLP) syndrome.

2 (F) Determine if transport can safely be attempted or if delivery should be
3 accomplished at the referring facility

4 (G) Manage patient's status using

5 1. laboratory values (e.g., blood gas values, ISTAT)

6 2. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)

7 (H) Application of pharmacologic agents for obstetrical patient management

8 (I) Manage emergent delivery and post-partum complications

9 (J) Special Considerations in Obstetrics (OB)/ Gynecology (GYN) Patients

10 1. Trauma in pregnancy,

11 2. Renal disorders,

12 3. Reproductive system disorders

13 13. Neonatal and Pediatric Patient Management

14 (A) Neonatal Patient

15 1. Perform a detailed assessment of the neonatal patient

16 a. Management & delivery of the full-term or pre-term newborn,

17 b. Management of the complications of delivery

18 2. Manage the resuscitation of the neonate, including

19 a. Umbilical artery catheterization – the student must demonstrate the skill of
20 umbilical catheterization.

21 b. Neonatal Resuscitation Program & Pediatric Advanced Life Support.

22 3. Manage patient's status using diagnostic equipment (e.g., pulse oximetry,

chest radiography, capnography)

4. Application of pharmacologic agents for neonatal patient management

5. Manage neonatal patient complications

(B) Pediatric Patient

1. Perform a detailed assessment of the pediatric patient

2. Manage the pediatric patient experiencing a medical event

a. Respiratory

b. Toxicity

c. Cardiac

d. Environmental

e. Gastrointestinal (GI)

f. Endocrine/Metabolic

f. Neurological

g. Infectious processes

3. Manage the pediatric patient experiencing a traumatic event

a. Single vs. multiple system

b. Burns

c. Non-accidental trauma

4. Manage patient's status using

a. laboratory values (e.g., blood gas values, ISTAT)

b. diagnostic equipment (e.g., pulse oximetry, chest radiography,

capnography)

1 c. Application of pharmacologic agents for pediatric patient management

2 d. Treat patient with pediatric complications

3 5. Considerations for Special needs children.

4 14. Burn Patient Management

5 (A) Perform a detailed assessment of the patient

6 (B) Calculate the percentage of total body surface area burned

7 (C) Manage fluid replacement therapy

8 (D) Manage inhalation injuries in burn injury patients

9 (E) Manage patient's status using

10 1. laboratory values (e.g., blood gas values, ISTAT)

11 2. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)

12 (F) Application of pharmacologic agents for burn patient management

13 (G) Provide treatment of burn complications - the student must demonstrate
14 competency in the skill of escharotomy.

15 15. General Medical Patient Management

16 (A) Perform an assessment of the patient

17 (B). Manage patients experiencing a medical condition

18 1. Abdominal aortic aneurysm (AAA),

19 2. GI bleed,

20 3. Bowel obstruction,

21 4. Hyperosmolar Hyperglycemic Non-Ketotic Coma (HHNC)

22 5. Septic shock,

1 6. Neurologic emergencies

2 7. Hypertensive emergencies,

3 8. Environmental emergencies,

4 9. Coagulopathies,

5 10. Endocrine emergencies,

6 (C) Use of invasive monitoring for the purpose of clinical management

7 (D) Manage patient's status using

8 1. laboratory values (e.g., blood gas values, ISTAT)

9 2. diagnostic equipment (e.g., pulse oximetry, chest radiography, capnography)

10 (E) Application of pharmacologic agents for general medical patient management

11 (F) Treat patient with general medical complications

12 (G). Transport considerations of patients with renal or peritoneal dialysis

13 (H) Transport of Patients with Infection Diseases:

14 1 Pathogens

15 a. Human immunodeficiency virus (HIV)

16 b. Hepatitis

17 c. Vancomycin resistant enterococcus (VRE)

18 d. Multiple-antibiotic resistant bacteria (MRSA)

19 e. Tuberculosis (TB)

20 f. Immunocompromised

21 g. Others as appropriate

22 (I) Transport and Management of Patients with Indwelling tubes

1 1. Urinary

2 a. Foleys

3 b. Suprapubic

4 2. Nasogastric (NG)

5 3. Percutaneous endoscopic gastric (PEG)

6 4. Dobhoff tube

7 NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

8 Reference: Sections 1797.172, 1797.173, 1797.185 and 1797.213, Health and Safety
9 Code.

10 **~~§ 100160~~ 100161. Required Testing.**

11 (a) ~~An a~~Approved paramedic and CCP training programs shall include periodic
12 examinations and final comprehensive competency-based examinations to test the
13 knowledge and skills specified in this Chapter.

14 (b) Successful performance in the clinical and field setting shall be required prior to
15 course completion.

16 NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.185, Health and Safety
17 Code. Reference: Sections 1797.172, 1797.185, 1797.208, 1797.210 and 1797.213,
18 Health and Safety Code.

19 **~~§ 100161~~ 100162. Course Completion Record.**

20 (a) ~~An a~~Approved paramedic training program and/or CCP training program shall issue
21 a tamper resistant course completion record to each person who has successfully
22 completed the paramedic training program and/or CCP training program. The course

completion record shall be issued no later than ten (10) working days from the date of the student's successful completion of the paramedic training program and/or CCP training program.

(b) The course completion record shall contain the following:

(1) The name of the individual.

(2) The date of completion.

(3) The following statement:

(A) "The individual named on this record has successfully completed an approved paramedic training program-", or

(B) "The individual named on this record has successfully completed an approved Critical Care Paramedic training program

(4) The name of the paramedic training program or CCP training program approving authority, depending on the training program being taught.

(5) The signature of the course director.

(6) The name and location of the training program issuing the record.

(7) The following statement in bold print: "**This is not a paramedic license.**"

(8) For paramedic training, A a list of optional scope of practice procedures and/or medications approved pursuant to subsection (c) (2)(A)-(D) of Section ~~100145~~ 100146 ~~and~~ taught in the course.

(9) For CCP training, a list of procedures and medications approved pursuant to subsection (c)(1)(S)(1-10) of Section 100146 taught in the course.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

Reference: Section 1797.172, Health and Safety Code.

Article 4. Applications and Examinations

§ 100162 100163. Date and Filing of Applications.

(a) The ~~EMS~~ Authority shall notify the applicant within thirty (30) days of receipt of the state application that the application was received and shall specify what information, if any, is missing. The types of applications which may be required to be submitted by the applicant are as follows:

(1) Application for Initial License (California Graduate), Form #L-01, Revised 7/2011, herein incorporated by reference 03/03.

(2) Application for Initial License of Out-of-State Candidates who are registered with the National Registry of Emergency Medical Technicians, Form #L-01A, Revised 7/2011, herein incorporated by reference 03/03.

(3) Application for License Renewal, Form #RL-01, Revised 6/2011, herein incorporated by reference 03/03.

(4) Application for Lapsed License ~~Renewal~~ Reinstatement;

(A) Lapsed Less than One Year, Form #RLL-01A, Revised 06/2012, 07/2014 herein incorporated by reference.

(B) Lapse of One Year or More, Form #RLL-01B, Revised 06/2012, herein incorporated by reference.

(5) Application for Challenge, Form #C L-01A, Revised 06/2012, herein incorporated by reference.

1 (5 ~~6~~) Applicant fingerprint card, FD-258 dated 5/11/99 or a Request for Live Scan
2 Applicant Submission Form, BCII 8016 (Rev ~~04/04~~ 06/09), submitted to the California
3 Department of Justice (DOJ), for a state and federal ~~summary~~ criminal history summary
4 provided by the Department of Justice in accordance with the provisions of section
5 11105 et seq. of the Penal Code.

6 (7) Statement of Citizenship, Alienage, and Immigration Status For State Paramedic
7 License Application /Renewal Form IS-01 (8/11), herein incorporated by reference.

8 (b) Applications for renewal of license shall be postmarked, hand delivered, or otherwise
9 received by the ~~EMS~~ Authority at least thirty (30) calendar days prior to expiration of
10 current license. Applications postmarked, hand delivered or otherwise received by the
11 ~~EMS~~ Authority less than thirty (30) days prior to the expiration date of the current
12 license will not cause the license to lapse but will require the applicant to pay a \$50 late
13 fee, as specified in Section ~~100171~~ 100172(b)(4) of this Chapter.

14 (c) Eligible out-of-state applicants defined in section ~~100165~~4(b) and eligible applicants
15 defined in section ~~100164~~ 100165(c) of this Chapter who have applied to challenge the
16 paramedic licensure process shall be notified by the ~~EMS~~ Authority within forty-five (45)
17 working days of receiving the application. Notification shall advise the applicant that the
18 application has been received, and shall specify what information, if any, is missing.

19 (d) An application shall be denied without prejudice when an applicant does not
20 complete the application, furnish additional information or documents requested by the
21 ~~EMS~~ Authority or fails to pay any required fees. An applicant shall be deemed to have
22 abandoned an application if the applicant does not complete the requirements for

1 licensure within one (1) year from the date on which the application was filed. An
2 application submitted subsequent to an abandoned application shall be treated as a
3 new application.

4 (e) A complete state application is a signed application submitted to the EMS Authority
5 that provides the requested information and is accompanied by the appropriate
6 application fee(s). All statements submitted by or on behalf of an applicant shall be
7 made under penalty of perjury.

8 NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

9 Reference: Section 1797.172, Health and Safety Code.

10 **§ 100163 100164. Written and Skills Examination.**

11 ~~(a) The written examination as defined in Section 100141 shall, at a minimum, test the~~
12 ~~applicant's knowledge and competency in the subject areas comprising the basic scope~~
13 ~~of practice as specified in Section 100145.~~

14 ~~(b) The practical examination as defined in Section 100140 shall, at a minimum, test~~
15 ~~the applicants' competency in the ability to perform those skills specified in the United~~
16 ~~States Department of Transportation Emergency Medical Technician-Paramedic~~
17 ~~National Standard Curriculum HS 808 862 March 1999.~~

18 (e a) Applicants shall comply with the procedures for examination established by the
19 EMS Authority and the NREMT National Registry of Emergency Medical Technicians
20 and shall not violate or breach the security of the examination. Applicants found to have
21 violated the security of the examination or examination process as specified in section

1798.207 of the Health and Safety Code shall be subject to the penalties specified therein.

(d b) Students enrolled in an accredited paramedic training program, or a paramedic training program with a current Letter of Review on file with the NREMT, shall be eligible to take the practical examination specified in Sections 100140 of this chapter upon successful completion of didactic and skills laboratory, and shall be eligible to take the written examination specified in Section 100141 when they have successfully completed the didactic, clinical, and field training and have met all the provisions of the approved paramedic training program.

NOTE: Authority cited: Sections 1797.7, 1797.107, 1797.172, 1797.174 and 1797.185, Health and Safety Code. Reference: Sections 1797.7, 1797.172, 1797.185, 1797.214 and 1798.207, Health and Safety Code.

Article 5. Licensure

§ 100164 100165. Licensure.

(a) In order to be eligible for initial paramedic licensure an individual shall meet the following requirements.

(1) Have a paramedic training program course completion record as specified in Section ~~100164~~ 100162 of this Chapter or other documented proof of successful completion of an approved paramedic training program within the last two years from the date of application to the ~~EMS~~ Authority for paramedic licensure.

(2) Complete and submit the appropriate state application forms as specified in Section ~~100162~~ 100163 (a)(1) or (a)(2) .

(3) Provide documentation of successful completion of the paramedic licensure written and practical examinations specified in sections 100140, 100141, and ~~400163~~ 100164.

(4) Pay the established fees pursuant to Section ~~400171~~ 100172.

(b) An individual who possesses a current paramedic registration issued by the NREMT ~~National Registry of Emergency Medical Technicians~~, shall be eligible for licensure when that individual fulfills the requirements of subsection (a)(2) and (4) of this section and successfully completes a field internship as defined in ~~sSections 400152~~ 100153 and ~~400158~~ 100159(b).

(c) A physician, registered nurse or physician assistant currently licensed shall be eligible for paramedic licensure upon:

(1) providing documentation that their training is equivalent to the U. S. DOT HS 811 077A Department of Transportation Emergency Medical Technician-Paramedic National Standard Curriculum specified in Section ~~400159~~ 100160;

(2) successfully completing a field internship as defined in Sections ~~400152~~ 100153(a) and ~~100159~~ 100159(b); and,

(3) fulfilling the requirements of subsection (a)(2) through (a)(4) of this section.

(d) All documentation submitted in a language other than English shall be accompanied by a translation into English certified by a translator who is in the business of providing certified translations and who shall attest to the accuracy of such translation under penalty of perjury.

(e) The Authority shall issue within forty-five (45) calendar days of receipt of a complete application as specified in Section ~~400162~~ 100163(e) a wallet-sized license to eligible

1 individuals who apply for a license and successfully complete the licensure
2 requirements.

3 (f) The effective date of the initial license shall be the day the license is issued. The
4 license shall be valid for two (2) years from the last day of the month in which it was
5 issued.

6 (g) The paramedic shall be responsible for notifying the ~~EMS~~ Authority of her/his proper
7 and current mailing address and shall notify the ~~EMS~~ Authority in writing within thirty
8 (30) calendar days of any and all changes of the mailing address, giving both the old
9 and the new address, and paramedic license number.

10 (h) A paramedic may request a duplicate license if the individual submits a request in
11 writing certifying to the loss or destruction of the original license, or the individual has
12 changed his/her name. If the request for a duplicate card is due to a name change, the
13 request shall also include documentation of the name change. The duplicate license
14 shall bear the same number and date of expiration as the replaced license.

15 (i) An individual currently licensed as a paramedic by the provision of this section is
16 deemed to be certified as an EMT-~~I~~ and an AEMT ~~EMT-II~~, except when the paramedic
17 license is under suspension, with no further testing required. If certificates are issued,
18 the expiration date of the EMT-~~I~~ or AEMT ~~EMT-II~~ certification shall be the same
19 expiration date as the paramedic license, unless the individual follows the EMT-~~I~~, or
20 AEMT ~~EMT-II~~ certification/recertification process as specified in Chapters 2 and 3 of this
21 Division.

22 (j) An individual currently licensed as a paramedic by the provisions of this section may

1 voluntarily deactivate his/her paramedic license if the individual is not under
2 investigation or disciplinary action by the ~~EMS~~ Authority for violations of Health and
3 Safety Code Section 1798.200. If a paramedic license is voluntarily deactivated, the
4 individual shall not engage in any practice for which a paramedic license is required,
5 shall return his/her paramedic license to the ~~EMS~~ Authority, and shall notify any LEMSA
6 ~~local EMS agency~~ with which he/she is accredited as a paramedic or with which he/she
7 is certified as an EMT-I or AEMT ~~EMT-II~~ that the paramedic license is no longer valid.
8 Reactivation of the paramedic license shall be done in accordance with the provisions of
9 Section ~~400166~~ 100167(b) of this Chapter.

10 NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.175, 1797.185, 1797.194,
11 1798.200, and 1798.202, Health and Safety Code. Reference: Sections 1797.63,
12 1797.172, 1797.175, 1797.177, 1797.185, 1797.194, and 1798.200, Health and Safety
13 Code and section 15376, Government Code.

14 **§ ~~400165~~ 100166. Accreditation to Practice.**

15 (a) In order to be accredited an individual shall:

16 (1) Possess a current California paramedic license.

17 (2) Apply to the LEMSA ~~local EMS agency~~ for accreditation.

18 (3) Successfully complete an orientation of the local EMS system as prescribed by the
19 LEMSA ~~local EMS agency~~ which shall include policies and procedures, treatment
20 protocols, radio communications, hospital/facility destination policies, and other unique
21 system features. The orientation shall not exceed eight (8) classroom hours, except
22 when additional hours are needed to accomplish subsection (a)(4) of this section, and

shall not include any further testing of the paramedic basic scope of practice. Testing shall be limited to local policies and treatment protocols provided in the orientation.

(4) Successfully complete training in any basic and/or local optional scope of practice for which the paramedic has not been trained and tested.

(5) Pay the established local fee pursuant to Section ~~100171~~ 100172.

(6) In order for an individual to be eligible for accreditation, in the LEMSA's CCP scope of practice, the individual must obtain and maintain CCP certification from the BCCTPC by July 1, 2015.

(b) If the LEMSA ~~local EMS agency~~ requires a supervised field evaluation as part of the local accreditation process, the field evaluation shall consist of no more than ten (10) ALS patient contacts. The field evaluation shall only be used to determine if the paramedic is knowledgeable to begin functioning under the local policies and procedures.

(1) The paramedic accreditation applicant may practice in the basic scope of practice as a second paramedic until s/he is accredited.

(2) The paramedic accreditation applicant may only perform the local optional scope of practice while in the presence of the field evaluator who is ultimately responsible for patient care.

(c) The LEMSA ~~local EMS agency~~ medical director shall evaluate any candidate who fails to successfully complete the field evaluation and may recommend further evaluation or training as required to ensure the paramedic is competent. If, after several failed remediation attempts, the medical director has reason to believe that the

paramedic's competency to practice is questionable, then the medical director shall notify the ~~EMS~~ Authority.

(d) If the paramedic accreditation applicant does not complete accreditation requirements within thirty (30) calendar days, then the applicant may be required to complete a new application and pay a new fee to begin another thirty (30) day period.

(e) A LEMSA ~~local EMS agency~~ may limit the number of times that a paramedic applies for initial accreditation to no more than three (3) times per year.

(f) The LEMSA ~~local EMS agency~~ shall notify the individual applying for accreditation of the decision whether or not to grant accreditation within thirty (30) calendar days of submission of a complete application.

(g) Accreditation to practice shall be continuous as long as licensure is maintained and the paramedic continues to meet local requirements for updates in local policy, procedure, protocol and local optional scope of practice, and continues to meet requirements of the system-wide EMSQIP pursuant to Section ~~400167~~ 100168.

(h) An application and fee may only be required once for ongoing accreditation. An application and fee can only be required to renew accreditation when an accreditation has lapsed.

(i) The medical director of the LEMSA ~~local EMS agency~~ may suspend or revoke accreditation if the paramedic does not maintain current licensure or meet local accreditation requirements and the following requirements are met:

(1) The paramedic has been granted due process in accordance with local policies and procedures.

(2) The local policies and procedures provide a process for appeal or reconsideration.

(j) The LEMSA ~~local EMS agency~~ shall submit to the ~~EMS~~ Authority the names and dates of accreditation for those individuals it accredits within twenty (20) working days of accreditation.

(k) During an interfacility transfer, a paramedic may utilize the scope of practice for which s/he is trained and accredited.

(l) During a mutual aid response into another jurisdiction, a paramedic may utilize the scope of practice for which s/he is trained and accredited according to the policies and procedures established by his/her accrediting LEMSA ~~local EMS agency~~.

NOTE: Authority cited: Sections 1797.7, 1797.107, 1797.172, 1797.185 and 1797.192, Health and Safety Code. Reference: Sections 1797.7, 1797.172, 1797.185 and 1797.214, Health and Safety Code.

Article 6. License Renewal

~~§ 100166~~ 100167. License Renewal

(a) In order to be eligible for renewal of a non-lapsed paramedic license, an individual shall comply with the following requirements:

(1) Possess a current paramedic license issued in California.

(2) Complete forty-eight (48) hours of CE ~~continuing education~~ pursuant to the provisions of Chapter 11 of this Division.

(3) Complete and submit the state ~~EMT~~-Paramedic Application for License Renewal, Form #RL-01, Revised 07/2011 ~~03/03~~ including the Statement of Continuing Education located on the back of the license renewal application, ~~which is sent by the EMS~~

1 Authority to the applicant for license renewal approximately six months prior to the
2 expiration date of the license. EMSA will notify the paramedic, by mail, approximately
3 six (6) months prior to their paramedic license expiration date on how to renew their
4 license.

5 (4) Pay the appropriate fees as specified on the application in accordance with Section
6 ~~400174~~ 100172 of this Chapter.

7 (b) In order for an individual whose license has lapsed to be eligible for license renewal,
8 the following requirements shall apply:

9 (1) For a lapse of less than six (6) months, the individual shall comply with (a) (2),
10 and (a)(4) of this section and complete and submit the state ~~EMT~~-Paramedic Application
11 specified in Section ~~400162~~ 100163(a)(4), including the Statement of Continuing
12 Education located on the back of the lapsed license renewal application.

13 (2) For a lapse of six months (6) or more, but less than twelve (12) months, the
14 individual shall comply with (a)(2), and (a)(4) of this section, complete an additional
15 twelve (12) hours of CE, for a total of sixty (60) hours of CE, and complete and submit
16 the state ~~EMT~~-Paramedic Application specified in Section ~~400162~~ 100163(a)(4),
17 including the Statement of Continuing Education located on the back of the lapsed
18 license renewal application.

19 (3) For a lapse of twelve (12) months or more, but less than twenty-four (24) months,
20 the individual shall pass the licensure examination specified in Sections 100140,
21 100141, and ~~400163~~ 100164 or possess a current paramedic registration issued by the
22 NREMT ~~National Registry of Emergency Medical Technicians~~, comply with (a) (2) and

(a)(4) of this section, submit to the California ~~DOJ Department of Justice~~ an applicant fingerprint card, FD-258 dated 5/11/99 or a Request for Live Scan Service Applicant Submission Form, BCII 8016 (Rev ~~04/04~~ 03/07), for a state summary criminal history provided by the ~~DOJ Department of Justice~~ in accordance with the provisions of Section 11105 et seq. of the Penal Code, complete an additional twenty-four (24) hours of CE, for a total of seventy-two (72) hours of CE and complete and submit a state ~~EMT-~~ Paramedic Application specified in Section ~~100162~~ 100163(a)(4), including the Statement of Continuing Education located on the back of the lapsed license renewal application.

(4) For a lapse of twenty-four (24) months or more, the individual shall comply with (a)(2) and (a)(4) and (b)(3) of this section. Documentation of the seventy-two (72) hours of CE shall include completion of the following courses, or their equivalent:

- (A) Advanced Cardiac Life Support,
- (B) Pediatric Advanced Life Support,
- (C) Prehospital Trauma Life Support or ~~Basic~~ International Trauma Life Support,
- (D) CPR cardiopulmonary resuscitation.

(c) Renewal of a license shall be for two (2) years. If the renewal requirements are met within six months (6) prior to the expiration date of the current license, the effective date of licensure shall be the first day after the expiration of the current license. This applies only to individuals who have not had a lapse in licensure.

(d) For individuals whose license has lapsed, the licensure cycle shall be for two (2) years from the last day of the month in which all licensure requirements are completed and the license was issued.

(e) The ~~EMS~~ Authority shall notify the applicant for license renewal within thirty (30) working days of receiving the application, that the application has been received and shall specify what information, if any, is missing.

(f) An individual, who is a member of the reserves and is deployed for active duty with a branch of the Armed Forces of the United States, whose paramedic license expires during the time the individual is on active duty or less than six (6) months from the date the individual is deactivated/released from active duty, has an additional six (6) months to comply with the CE ~~continuing education~~ requirements and the late renewal fee is waived upon compliance with the following provisions:

(1) Provide documentation from the respective branch of the Armed Forces of the United States verifying the individual's dates of activation and deactivation/release from active duty.

(2) Meet the requirements of Section ~~400466~~ 100167(a)(2) through (a)(4) of this Chapter, except the individual will not be subject to the \$50 late renewal application fee specified in Section ~~400171~~ 100172(b)(4).

(3) Provide documentation showing that the CE ~~continuing education~~ activities submitted for the license renewal period were taken not earlier than 30 days prior to the effective date of the individual's paramedic license that was valid when the individual

1 was activated for active duty and not later than six (6) months from the date of
2 deactivation/release from active duty.

3 (A) For an individual whose active duty required him/her to use his/her paramedic skills,
4 credit may be given for documented training that meets the requirements of Chapter 11,
5 EMS Continuing Education Regulations (California Code of Regulations, Title 22,
6 Division 9). The documentation shall include verification from the individual's
7 Commanding Officer attesting to the classes attended.

8 NOTE: Authority cited: Sections 1797.107, 1797.172, 1797.175, 1797.185 and
9 1797.194, Health and Safety Code. Reference: Sections 1797.63, 1797.172,
10 1797.175, 1797.185, 1797.194 and 1797.210, Health and Safety Code, and Section
11 101, Chapter 1, Part 1, Subtitle A, Title 10, United States Code.

12 **Article 7. System Requirements**

13 **§ ~~100167~~ 100168. Paramedic Service Provider.**

14 (a) A LEMSA ~~local EMS agency~~ with an ALS ~~advanced life support~~ system shall
15 establish policies and procedures for the approval, designation, and evaluation through
16 its EMSQIP, of all paramedic service provider(s).

17 (b) An approved paramedic service provider shall:

18 (1) Provide emergency medical service response on a continuous twenty-four (24)
19 hours per day basis, unless otherwise specified by the LEMSA ~~local EMS agency~~, in
20 which case there shall be adequate justification for the exemption (e.g., lifeguards, ski
21 patrol personnel, etc.).

1 (2) Utilize and maintain telecommunications as specified by the LEMSA ~~local-EMS~~
2 ~~agency~~.

3 (3) Maintain a drug and solution inventory as specified by the LEMSA ~~local-EMS~~
4 ~~agency~~ of equipment and supplies commensurate with the basic and local optional
5 scope of practice of the paramedic.

6 (A) Ensure that security mechanisms and procedures are established for controlled
7 substances, including, but not limited to:

8 1. controlled substance ordering and order tracking;

9 2. controlled substance receipt and accountability;

10 3. controlled substance master supply storage, security and documentation;

11 4. controlled substance labeling and tracking;

12 5. vehicle storage and security;

13 6. usage procedures and documentation;

14 7. reverse distribution;

15 8. disposal;

16 9. re-stocking procedures.

17 (B) Ensure that mechanisms for investigation and mitigation of suspected tampering or
18 diversion are established, including, but not limited to,:

19 10. controlled substance testing;

20 11. discrepancy reporting;

21 12. tampering, theft and diversion prevention and detection;

22 13. usage audits.

1 (4) Have a written agreement with the LEMSA ~~local EMS agency~~ to participate in the
2 EMS system and to comply with all applicable State regulations and local policies and
3 procedures, including participation in the LEMSA's ~~local EMS agency's~~ EMSQIP as
4 specified in Chapter 12 of this Division.

5 (5) Be responsible for assessing the current knowledge of their paramedics in local
6 policies, procedures and protocols and for assessing their paramedics' skills
7 competency.

8 (6) If, through the EMSQIP the employer or medical director of the LEMSA ~~local EMS~~
9 ~~agency~~ determines that a paramedic needs additional training, observation or testing,
10 the employer and the medical director may create a specific and targeted program of
11 remediation based upon the identified need of the paramedic. If there is disagreement
12 between the employer and the medical director, the decision of the medical director
13 shall prevail.

14 (c) No paramedic service provider shall advertise itself as providing paramedic services
15 unless it does, in fact, routinely provide these services on a continuous twenty-four (24)
16 hours per day basis and meets the requirements of subsection (b) of this section.

17 (d) No responding unit shall advertise itself as providing paramedic services unless it
18 does, in fact, provide these services and meets the requirements of subsection (a) of
19 this section.

20 (e) The LEMSA ~~local EMS agency~~ may deny, suspend, or revoke the approval of a
21 paramedic service provider for failure to comply with applicable policies, procedures,
22 and regulations.

NOTE: Authority cited: Sections 1797.107, 1797.172, and 1798, Health and Safety Code. Reference: Sections 1797.172, 1797.178, 1797.180, 1797.204 and 1797.218, Health and Safety Code.

§ 100168 100169. Paramedic Base Hospital.

(a) A LEMSA local EMS agency with an ALS advanced life support system shall designate a paramedic base hospital(s) or alternative base station, pursuant to Health and Safety Code Section 1798.105 if no qualified base hospital is available to provide medical direction, ~~to provide medical direction and supervision of,~~ to provide medical direction and supervision of paramedic personnel.

(b) A designated paramedic base hospital shall be responsible for the provisions of subsections (b)(1) through (b)(13) of this section, and alternate base stations shall be responsible for the provisions of subsections (b)(4) through (b)(13) of this section.

(1) Be licensed by the California State Department of Public Health Services as a general acute care hospital, or, for an out of state general acute care hospital, meet the relevant requirements for that license and the requirements of this section where applicable, as determined by the LEMSA local EMS agency which is utilizing the hospital in the local EMS system.

(2) Be accredited by a Centers for Medicare and Medicaid Services approved deeming authority ~~the Joint Commission on Accreditation of Healthcare Organizations or the Healthcare Facilities Accreditation Program of the American Osteopathic Association.~~

(3) Have a special permit for basic or comprehensive emergency medical service pursuant to the provisions of Division 5, or have been granted approval by the Authority

1 for utilization as a base hospital pursuant to the provisions of Section 1798.101 of the
2 Health and Safety Code. Hospitals meeting requirements in this section shall be
3 referenced in the EMS Plan of the approving LEMSA.

4 (4) Have and agree to utilize and maintain two-way telecommunications equipment, as
5 specified by the LEMSA ~~local EMS agency~~, capable of direct two-way voice
6 communication with the paramedic field units assigned to the hospital.

7 (5) Both parties shall maintain a record of all online medical direction between the
8 service provider and base hospital or alternative base station as specified by LEMSA
9 policy.

10 (5 6) Have a written agreement, which is reviewed every three (3) years, with the
11 LEMSA ~~local EMS agency~~ indicating the concurrence of hospital administration, medical
12 staff, and emergency department staff to meet the requirements for program
13 participation as specified in this Chapter and by the LEMSA's ~~local EMS agency's~~
14 policies and procedures.

15 (6 7) Have a physician licensed in the State of California, experienced in emergency
16 medical care, assigned to the emergency department, available at all times to provide
17 immediate medical direction to the MICN ~~mobile intensive care nurse~~ or paramedic
18 personnel. This physician shall have experience in and knowledge of base hospital
19 radio operations and LEMSA ~~local EMS agency~~ policies, procedures, and protocols.

20 (7 8) Assure that nurses giving medical direction to paramedic personnel are trained
21 and authorized as MICNs ~~mobile intensive care nurses~~ by the medical director of the
22 LEMSA ~~local EMS agency~~.

1 (8 9) Designate a paramedic base hospital medical director who shall be a physician on
2 the hospital staff, licensed in the State of California who is certified or prepared for
3 certification by the American Board of Emergency Medicine. The requirement of board
4 certification or prepared for certification may be waived by the medical director of the
5 LEMSA local EMS agency when the medical director determines that an individual with
6 these qualifications is not available. The base hospital medical director This physician
7 shall be regularly assigned to the emergency department, have experience in and
8 knowledge of base hospital radio operations and LEMSA local EMS agency policies and
9 procedures, and shall be responsible for functions of the base hospital including the
10 EMSQIP as designated by the medical director of the local EMS agency.

11 (9 10) Identify a base hospital coordinator mobile intensive care nurse, if utilized by the
12 local EMS system, who is a currently licensed in California registered nurse with
13 experience in and knowledge of base hospital radio operations and LEMSA local EMS
14 agency policies and procedures as a prehospital liaison to assist the base hospital
15 medical director in the medical direction and supervision of the paramedics. The base
16 hospital coordinator shall serve as a liaison to the local EMS system.

17 (40 11) Ensure that a mechanism exists for prehospital providers to contract for the
18 provision of replacing medications, medical supplies and equipment used by
19 paramedics during treatment of patients, according to policies and procedures
20 established by the LEMSA local EMS agency.

21 (11) ~~Ensure that a mechanism exists for the initial supply and replacement of narcotics~~
22 ~~and other controlled substances used by paramedics during treatment of patients~~

1 according to the policies and procedures of the local EMS agency.

2 (12) Provide for CE continuing education in accordance with the policies and
3 procedures of the LEMSA local EMS agency.

4 (13) Agree to participate in the LEMSA's local EMS agency's EMSQIP which may
5 include making available all relevant records for program monitoring and evaluation.

6 (c) The LEMSA local EMS agency may deny, suspend, or revoke the approval of a base
7 hospital or alternative base station for failure to comply with any applicable policies,
8 procedures, and regulations.

9 NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code.

10 Reference: Sections 1797.56, 1797.58, 1797.59, 1797.172, 1797.178, 1798, 1798.2,
11 1798.100, 1798.101, 1798.102 and 1798.104, Health and Safety Code.

12 **§ 100169 100170. Medical Control.**

13 The medical director of the LEMSA local EMS agency shall establish and maintain
14 medical control in the following manner:

15 (a) Prospectively, by assuring the development of written medical policies and
16 procedures, to include at a minimum:

17 (1) Treatment protocols that encompass the paramedic scope of practice.

18 (2) Local medical control policies and procedures as they pertain to the paramedic base
19 hospitals, alternative base stations, paramedic service providers, paramedic personnel,
20 patient destination, and the LEMSA local EMS agency.

21 (3) Criteria for initiating specified emergency treatments on standing orders or for use in
22 the event of communication failure that is consistent with this Chapter.

(4) Criteria for initiating specified emergency treatments, prior to voice contact, that are consistent with this Chapter.

(5) Requirements to be followed when it is determined that the patient will not require transport to the hospital by ambulance or when the patient refuses transport.

(6) Requirements for the initiation, completion, review, evaluation, and retention of a patient care record as specified in this Chapter. These requirements shall address but not be limited to:

(A) Initiation of a record for every patient response.

(B) Responsibilities for record completion.

(C) Record distribution to include LEMSA ~~local EMS agency~~, receiving hospital, paramedic base hospital, alternative base station, and paramedic service provider.

(D) Responsibilities for record review and evaluation.

(E) Responsibilities for record retention.

(b) Establish policies which provide for direct voice communication between a paramedic and a base hospital physician or MICN ~~mobile intensive care nurse~~, as needed.

(c) Retrospectively, by providing for organized evaluation and CE ~~continuing education~~ for paramedic personnel. This shall include, but not be limited to:

(1) Review by a base hospital physician or MICN ~~mobile intensive care nurse~~ of the appropriateness and adequacy of paramedic procedures initiated and decisions regarding transport.

(2) Maintenance of records of communications between the service provider(s) and the base hospital through tape recordings and through emergency department communication logs sufficient to allow for medical control and CE continuing education of the paramedic.

(3) Organized field care audit(s).

(4) Organized opportunities for CE continuing education including maintenance and proficiency of skills as specified in this Chapter.

(d) In circumstances where use of a base hospital as defined in Section 1001698 is precluded, alternative arrangements for complying with the requirements of this Section may be instituted by the medical director of the LEMSA local EMS agency if approved by the EMS Authority.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.176, Health and Safety Code. Reference: Sections 1797.90, 1797.172, 1797.202, 1797.220, 1798, 1798.2, 1798.3 and 1798.105, Health and Safety Code.

Article 8. Record Keeping and Fees.

§ 100170 100171. Record Keeping.

(a) Each paramedic approving authority shall maintain a record of approved training programs within its jurisdiction and annually provide the ~~State EMS~~ Authority with the name, address, and course director of each approved program. The ~~State EMS~~ Authority shall be notified of any changes in the list of approved training programs.

(b) Each paramedic approving authority shall maintain a list of current paramedic program medical directors, course directors, and principal instructors within its jurisdiction.

(c) The ~~State EMS~~ Authority shall maintain a record of approved training programs.

(d) Each LEMSA ~~local EMS agency~~ shall, at a minimum, maintain a list of all paramedics accredited by them in the preceding five (5) years.

(e) The paramedic is responsible for accurately completing the patient care record referenced in Section ~~100169~~ 100170(a)(6) which shall contain, but not be limited to, the following information when such information is available to the paramedic:

(1) The date and estimated time of incident.

(2) The time of receipt of the call (available through dispatch records).

(3) The time of dispatch to the scene.

(4) The time of arrival at the scene.

(5) The location of the incident.

(6) The patient's:

(A) Name;

(B) Age;

(C) Gender;

(D) Weight, if necessary for treatment;

(E) Address;

(F) Chief complaint; and

(G) Vital signs.

- (7) Appropriate physical assessment.
- (8) The emergency care rendered and the patient's response to such treatment.
- (9) Patient disposition.
- (10) The time of departure from scene.
- (11) The time of arrival at receiving facility (if transported).
- (12) The name of receiving facility (if transported).
- (13) The name(s) and unique identifier number(s) of the paramedics.
- (14) Signature(s) of the paramedic(s).

(f) A LEMSA ~~local EMS agency~~ utilizing computer or other electronic means of collecting and storing the information specified in subsection (e) of this section shall in consultation with EMS providers establish policies for the collection, utilization and storage of such data.

NOTE: Authority cited: Sections 1797.107, 1797.172 and 1797.185, Health and Safety Code. Reference: Sections 1797.172, 1797.173, 1797.185, 1797.200, 1797.204 and 1797.208, Health and Safety Code.

§ 100171 100172. Fees.

(a) A LEMSA ~~local EMS agency~~ may establish a schedule of fees for paramedic training program review and approval, CE provider approval, and paramedic accreditation in an amount sufficient to cover the reasonable cost of complying with the provisions of this Chapter.

(b) The following are the licensing fees established by the ~~EMS~~ Authority:

- 1 (1) The fee for initial application for paramedic licensure for individuals who have
2 completed training in California through an approved paramedic training program shall
3 be \$50.00.
- 4 (2) The fee for initial application for paramedic licensure for individuals who have
5 completed out-of-state paramedic training, as specified in Section ~~400164~~ 100165(b), or
6 for individuals specified in Section ~~400164~~ 100165(c), shall be \$100.00.
- 7 (3) ~~Effective July 1, 2010 through June 30, 2011, the fee for licensure or licensure~~
8 ~~renewal as a paramedic shall be \$160.00. Effective July 1, 2011 and thereafter t~~The
9 fee for licensure or licensure renewal as a paramedic shall be \$195.00.
- 10 (4) The fee for failing to submit an application for renewal within the timeframe
11 specified in Section ~~400162~~ 100163(b), or for an individual whose license has lapsed,
12 as specified in Section ~~400166~~ 100167(b)(1), (2), (3) and (4) shall be \$50.00.
- 13 (5) The fee for state summary criminal history shall be in accordance with the schedule
14 of fees established by the California DOJ ~~Department of Justice~~.
- 15 (6) The fee for replacement of a license shall be \$10.00.
- 16 (7) The fee for approval and re-approval of an out-of-state CE provider shall be \$200.00.
- 17 (8) The fee for administration of the provisions of Section 17520 of the Family Code
18 shall be \$5.00.

19 NOTE: Authority cited: Sections 1797.107, 1797.112, 1797.172, 1797.185, and
20 1797.212, Health and Safety Code. Reference: Sections 1797.172, 1797.185, and
21 1797.212, Health and Safety Code; and Section 11105, Penal Code.

22 **Article 9. Discipline and Reinstatement of License**

1 **§ 100172 100173. Proceedings.**

2 (a) Any proceedings by the ~~EMS~~ Authority to deny, suspend or revoke the license of a
3 paramedic or place any paramedic license holder on probation pursuant to Section
4 1798.200 of the Health and Safety Code, or impose an administrative fine pursuant to
5 Section 1798.210 of the Health and Safety Code, shall be conducted in accordance with
6 this article and pursuant to the provisions of the Administrative Procedure Act,
7 Government Code, Section 11500 et seq.

8 (b) Before any disciplinary proceedings are undertaken, the ~~EMS~~ Authority shall
9 evaluate all information submitted to or discovered by the ~~EMS~~ Authority including, but
10 not limited to, a recommendation for suspension or revocation from a medical director of
11 a LEMSA ~~local EMS~~ agency, for evidence of a threat to public health and safety
12 pursuant to Section 1798.200 of the Health and Safety Code.

13 (c) The ~~a~~Authority shall use the “EMS Authority Recommended Guidelines for
14 Disciplinary Orders and Conditions of Probation”, dated July 26, 2008 and incorporated
15 by reference herein, as the standard in settling disciplinary matters when a paramedic
16 applicant or license holder is found to be in violation of Section 1798.200 of Division 2.5
17 of the Health and Safety Code.

18 (d) The administrative law judge shall use the “EMS Authority Recommended
19 Guidelines for Disciplinary Orders and Conditions of Probation”, dated July 26, 2008
20 ~~and incorporated by reference herein~~, as a guide in making any recommendations to
21 the Authority for discipline of a paramedic applicant or license holder found in violation
22 of Section 1798.200 of Division 2.5 of the Health and Safety Code.

NOTE: Authority cited: Sections 1797.107, 1797.176, 1798.200, 1798.204, and 1798.210, Health and Safety Code. Reference: Sections 1797.172, 1797.174, 1797.176, 1797.185, 1798.200, 1798.204, and 1798.210, Health and Safety Code and Section 11500 et seq., Government Code.

§ 100173 100174. Denial/Revocation Standards.

(a) The aAuthority shall deny/revoke a paramedic license if any of the following apply to the applicant:

(1) Has committed any sexually related offense specified under Section 290 of the Penal Code.

(2) Has been convicted of murder, attempted murder, or murder for hire.

(3) Has been convicted of two (2) or more felonies.

(4) Is on parole or probation for any felony.

(b) The aAuthority shall deny/revoke a paramedic license, if any of the following apply to the applicant:

(1) Has been convicted and released from incarceration for said offense during the preceding fifteen (15) years for the crime of manslaughter or involuntary manslaughter.

(2) Has been convicted and released from incarceration for said offense during the preceding ten (10) years for any offense punishable as a felony.

(3) Has been convicted of two (2) misdemeanors within the preceding five (5) years for any offense relating to the use, sale, possession, or transportation of narcotics or addictive or dangerous drugs.

(4) Has been convicted of two (2) misdemeanors within the preceding five (5) years for

1 any offense relating to force, violence, threat, or intimidation.

2 (5) Has been convicted within the preceding five (5) years of any theft related
3 misdemeanor.

4 (c) The ~~a~~Authority may deny/revoke a paramedic license if any of the following apply to
5 the applicant:

6 (1) Has committed any act involving fraud or intentional dishonesty for personal gain
7 within the preceding seven (7) years.

8 (2) Is required to register pursuant to Section 11590 of the Health & Safety Code.

9 (d) Subsections (a) and (b) shall not apply to convictions that have been pardoned by
10 the governor, and shall only apply to convictions where the applicant/licensee was
11 prosecuted as an adult. Equivalent convictions from other states shall apply to the type
12 of offenses listed in (a) and (b). As used in this section, “felony” or “offense punishable
13 as a felony” refers to an offense for which the law prescribes imprisonment in the state
14 prison as either an alternative or the sole penalty, regardless of the sentence the
15 particular defendant received.

16 (e) This section shall not apply to those paramedics who obtained their California
17 Paramedic License prior to the effective date of this Section; unless:

18 (1) The licensee is convicted of any misdemeanor or felony subsequent to the effective
19 date of this Section.

20 (2) The licensee committed any sexually related offense specified under Section 290 of
21 the Penal Code.

22 (3) The licensee failed to disclose to the ~~EMS~~ Authority any prior convictions when

1 completing his/her application for initial paramedic license or license renewal.

2 (f) Nothing in this section shall prevent the ~~a~~Authority from taking licensure action
3 pursuant to Health & Safety Code Section 1798.200.

4 (g) The ~~d~~Director of the Authority may grant a license to anyone otherwise precluded
5 under subsections (a) and (b) of this section if the ~~d~~Director of the Authority believes
6 that extraordinary circumstances exist to warrant such an exemption.

7 (h) Nothing in this section shall negate an individual's right to appeal the denial of a
8 license or petition for reinstatement of a license pursuant to Chapter 5 (commencing
9 with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

10 NOTE: Authority cited: Sections 1797.107, 1797.176, 1798.200 and 1798.204, Health
11 and Safety Code. Reference: Sections 1797.172, 1797.174, 1797.176, 1797.185,
12 1798.200 and 1798.204, Health and Safety Code.

13 **~~§ 100174~~ 100175. Substantial Relationship Criteria for the Denial, Placement on**
14 **Probation, Suspension, Fine, or Revocation of a License.**

15 (a) For the purposes of denial, placement on probation, suspension, or revocation, of a
16 license, pursuant to Section 1798.200 of the Health and Safety Code, or imposing an
17 administrative fine pursuant to Section 1798.210 of the Health and Safety Code, a crime
18 or act shall be substantially related to the qualifications, functions and/or duties of a
19 person holding a paramedic license under Division 2.5 of the Health and Safety Code.

20 A crime or act shall be considered to be substantially related to the qualifications,
21 functions, or duties of a paramedic if to a substantial degree it evidences present or

1 potential unfitness of a paramedic to perform the functions authorized by her/his license
2 in a manner consistent with the public health and safety.

3 (b) For the purposes of a crime, the record of conviction or a certified copy of the
4 record shall be conclusive evidence of such conviction. "Conviction" means the final
5 judgement on a verdict or finding of guilty, a plea of guilty, or a plea of nolo contendere.

6 NOTE: Authority cited: Sections 1797.107, 1797.176, 1798.200, 1798.210, and
7 1798.204, Health and Safety Code. Reference: Sections 1797.172, 1797.174,
8 1797.176, 1797.185, 1798.200, 1798.204, and 1798.210, Health and Safety Code.

9 **§ 100175 100176. Rehabilitation Criteria for Denial, Placement on Probation,**
10 **Suspension, Revocations, and Reinstatement of License.**

11 (a) At the discretion of the EMS Authority, the EMS Authority may issue a license
12 subject to specific provisional terms, conditions, and review. When considering the
13 denial, placement on probation, suspension, or revocation of a license pursuant to
14 Section 1798.200 of the Health and Safety Code, or a petition for reinstatement or
15 reduction of penalty under Section 11522 of the Government Code, the EMS Authority
16 in evaluating the rehabilitation of the applicant and present eligibility for a license, shall
17 consider the following criteria:

18 (1) The nature and severity of the act(s) or crime(s).

19 (2) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under
20 consideration as grounds for denial, placement on probation, suspension, or revocation
21 which also could be considered grounds for denial, placement on probation,
22 suspension, or revocation under Section 1798.200 of the Health and Safety Code.

1 (3) The time that has elapsed since commission of the act(s) or crime(s) referred to in
2 subsection (1) or (2) of this section.

3 (4) The extent to which the person has complied with any terms of parole, probation,
4 restitution, or any other sanctions lawfully imposed against the person.

5 (5) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of
6 the Penal Code.

7 (6) Evidence, if any, of rehabilitation submitted by the person.

8 NOTE: Authority cited: Sections 1797.107, 1797.176, 1798.200 and 1798.204, Health
9 and Safety Code. Reference: Sections 1797.172, 1797.174, 1797.176, 1797.185,
10 1798.200 and 1798.204, Health and Safety Code.